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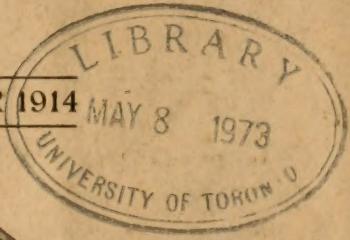
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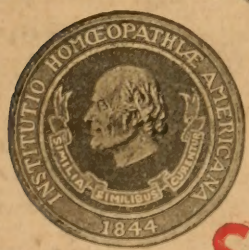
OF

## HOMŒOPATHY

SEPTEMBER 1914



Vol. VII



No 3

**STORAGE**

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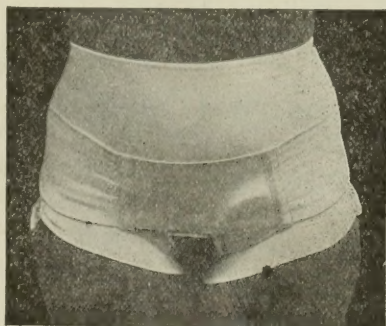
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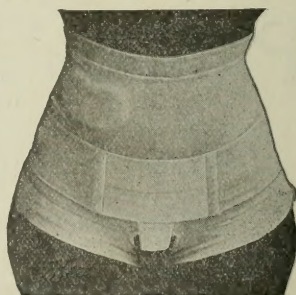
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| Dean. George Royal, M. D., Des Moines, Ia.                                                                                                                                                                                                                                                                              |             |
| <b>HOMŒOPATHIC MEDICAL COLLEGE, UNIVERSITY OF MICHIGAN.....</b>                                                                                                                                                                                                                                                         | <b>1875</b> |
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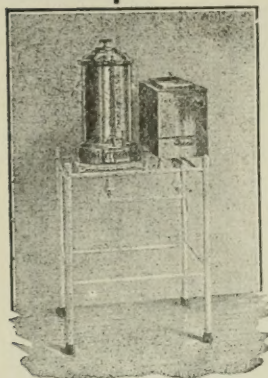
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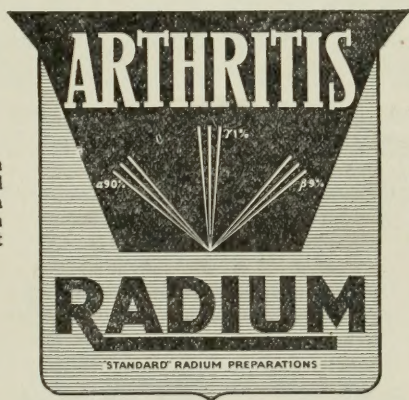
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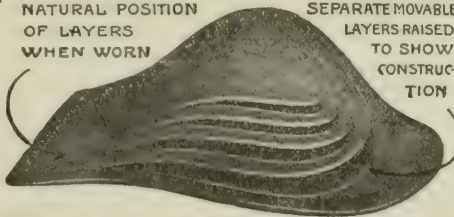
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# THE JOURNAL

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Vol. VII

SEPTEMBER 1914

No. 3

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By John P. Sutherland, M. D., Boston

What is Health? What is Happiness?

The answers given by different people to these questions will depend largely upon their life experiences and their ideals. If one consults the dictionaries, he will find that Health means essentially "wholeness"; "soundness of body"; "that state (of any living organism) in which all the natural functions are performed freely without pain or disease"; "freedom from sickness or decay." And Happiness by the same authorities signifies in its full extent "the utmost pleasure we are capable of"; "the state of being \* \* \* in which pleasure decidedly predominates over pain"; "the pleasurable experience that springs from \* \* \* the gratification of the desires, or relief from pain and evil"; "a continued experience of pleasures and joy"; "enjoyment"; "a state of felicity and satisfaction," etc.

Concerning Health, we find opinions are practically unanimous, including, as they do, the possession of vitality and energy and the ability to do in an unhampered way whatever inclination or necessity demands. Concerning Happiness, however, if we turn to other sources than those quoted, we find Longfellow saying "to be strong is to be happy." Locke says, "A sound mind in a sound body is a short, but full description of a happy state in this world." Carlyle said, "The only happiness a brave man ever troubled himself with

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asking much about was happiness enough to get his work done." Ruskin claimed that "to read, to think, to love, to pray \* \* \* are the things that make men happy." To Marcus Aurelius is attributed the saying, "The happiness of your life depends upon the quality of your thoughts; therefore guard accordingly." Robert Louis Stevenson, who set "happiness" as a task for himself, wrote, "To be truly happy is a question of how we begin and not how we end; of what we want and not of what we have." Elbert Hubbard has said, "If you have health you probably will be happy; and if you have health and happiness, you will have all the wealth you need, even if not all you want." An author of many centuries ago, Epicurus, taught, "If a man is unhappy, this must be his own fault, for God made all men to be happy." "Health and cheerfulness mutually beget each other" was Addison's opinion, but while health and cheerfulness and happiness usually co-exist it must not be assumed that health is always essential to true happiness, for there are numberless instances where happiness is present in spite of deformity, of ill-health, of pain and suffering, of privation and poverty.

As a matter of fact there are at least two types of happiness presented to our minds, one consisting of selfish pleasures, the delights of the senses, indulgences of appetites and gratification of desires, all of which tend to cripple one's usefulness to humanity at large;—and the other a condition in which one attempts to serve his neighbors, to comfort, encourage, and strengthen the faint-hearted, to make the rough places smooth and the crooked paths straight for those whose places and paths are difficult;—in short that condition is possible only to those whose ideals embrace an unselfish devotion to the comfort and well-being and happiness of others. But not to attempt too closely to define Health and Happiness, let us concede for present purposes that Health consists essentially of a sound mind in a sound body, and that Happiness is a state of mind which permits one to rise above cares and anxieties and troubles and enjoy the good things that are within the reach of all, rich or poor; and which leads to peace of mind and a cheerful, hopeful and contented spirit.

Are these conditions of health and happiness universal? Should they be universal? Was it a part of the first great plan that man, the crowning achievement of creative force,

should possess health and happiness? If we are permitted a literal interpretation of the thirty-first verse of the first chapter of Genesis we are to understand that at the end of creation, when "the heavens and the earth were finished, and all the host of them," that "God saw everything that he had made, and, behold, it was very good." It could not have been otherwise according to our conception of Infinite Love. Only an unblemished article could have issued as the product of creative skill. If it were then part of the Creator's plan that man should be blessed with the possession of a high type of health and happiness, and this is a fundamental conception, why is it we are literally surrounded by and living in the midst of so much illness, so much suffering, so much pain, such heart-rending sorrow and degradation, such incalculable and indescribable unhappiness? Surely there must be somewhere something wrong;—somehow some mistake has been made;—something has interfered with the carrying out of the original plan which when instituted was pronounced "very good." What is this wrong? Wherein lies the mistake? What has interfered with execution and full carrying out of the plans laid by the All-Wise Creator? Possibly from a medico-religious standpoint answers more or less conclusive and convincing and helpful may be found to these questions.

To consider the first part of our subject, "How to Secure and Retain Health," let us briefly review the nature and causes of ill health or disease and the surest, sanest method of avoiding it. It is unnecessary to present a list of the various diseases humanity is subject to. The list would be a long and a depressing one, for these diseases or deviations from health are numbered by the score, and even by the hundreds. Disease itself is simply a departure from health, a friction or difficulty in the running of the machinery of life. The deviation may be slight, short lasting and scarcely more than a passing discomfort, or it may be so severe as to lay the strongest low, to stretch one on a bed of agony and suffering, and to terminate in exhaustion and death. All imaginable grades of severity and duration are possible, but for them all causes are necessary and causes are recognized. These causes are not in the sunshine, the source and preserver of physical life on this planet; not in fresh air, a recognized necessity to maintenance of life; not in climate, not in pure water, not in well-

lighted and well-ventilated dwellings, not in the majority of our occupations, although there are some disorders properly classed as "occupational." These sanitary and hygienic influences cannot produce disease. The real causes of disease may be classified into two groups: primarily and fundamentally must be placed a lowered resistance of the body, or to be technical, a loss of natural immunity; and secondarily the introduction into the body of some germ, parasite or noxious influence having its origin outside the body, or the generation within the body itself of some irritating, poisonous or noxious material capable of interfering with the normal performance of body functions.

To take these causes seriatim it may be claimed that the most important factor in disease production is lowered resistance. Life is a constant and continuous battle with the forces of dissolution, but under favorable conditions of nutrition the resistance to malign influences is sufficient to preserve a balance and maintain health. More especially in crowded communities man is daily subjected to the influence of what are popularly known as "germs." It not infrequently happens that man, for a longer or shorter time, carries about in his body the germs of pneumonia, diphtheria or other diseases, but his resistance is naturally and usually sufficiently high to prevent the germs from exerting their injurious influences. This is as it should be, for Man in the beginning was given "dominion over the fish of the sea, and over the fowl of the air, and over the cattle, and over all the earth, and over every creeping thing that creepeth upon the earth" (Gen. 1:26), and \* \* \* "over every living thing that moveth upon the earth" (Gen. 1:28). This "dominion," however, is not always alert and efficient, but is sometimes lost, with the result that man falls a victim to tuberculosis, scarlet fever, malaria, yellow fever or any one of the host of so-called germ diseases. It may be assumed that if all men always retained their normal powers of resistance, or their "dominion over every living thing that moveth upon the earth," germs might come and germs might go, but man's life would flow on forever.

Apropos of germs, it is correct to claim that only a minority of diseased states are attributable to their activities. These are mainly the acute febrile disorders, self-limited in character, which run more or less typical courses and in the main

tend to recovery. There are diseases, however, caused by germs, parasites and their products, which once implanted in the economy do not tend to spontaneous recovery, but linger on indefinitely to terminate, unless arrested by medical art, in the death of the sufferer.

It is more particularly to that cause of disease which is generated within the individual's own body, or that has to do with its nutrition, that your attention is directed. The possibility of man's generating his own poisons is fairly well recognized by members of the profession, but is not appreciated to any practical extent by the laity. And yet everyone knows that all life, the life of the plants, the life of the animals, the life of man, depends upon what is called nutrition; that if from any cause nutrition is interfered with, the life itself suffers accordingly. By nutrition is understood that process by means of which substances introduced into a body are by chemico-vital action transformed into the tissues or structures of that body, or are utilized in the production of heat and energy; in either case certain waste materials are formed which have to be disposed of. The process is a complicated one of up-building and disintegrating, and is in physiological parlance spoken of as metabolism. The substances introduced into the body, from whatever source derived, are known as foods, and the medium by which the food is distributed throughout an organism is called the "sap" in plants, the "blood" in animals. It is a self-evident truth that the sap or the blood must contain all the ingredients necessary to truly nourish the plant or the body; otherwise the plant or the body cannot grow and flourish and perform its various functions. "For a good tree bringeth not forth corrupt fruit; neither doth a corrupt tree bring forth good fruit. For every tree is known by his own fruit. For of thorns men do not gather figs, nor of a bramble bush gather they grapes. A good man out of the treasure of his heart bringeth forth that which is good; and an evil man out of the evil treasure of his heart bringeth forth that which is evil: \* \* \*" Neither is it possible to form a healthy, strong, efficient body from food materials that do not contain the exact quantity and variety of substances demanded by that body. Illustrations in confirmation of this statement are easily obtained. To select but one, let us refer to the parable of the sower who went out to

sow his seed, "and as he sowed, some fell by the wayside; and it was trodden down, and the fowls of the air devoured it. And some fell upon a rock; and as soon as it was sprung up, it withered away, because it lacked moisture. And some fell among thorns; and the thorns sprang up with it, and choked it. And other fell on good ground, and sprang up, and bare fruit a hundredfold."

It seems strange considering the acknowledged value of health, the great necessity of possessing a "sound mind in a sound body" in order to live a life of usefulness and happiness, that some revelation has not been made, some definite directions given to guide us in the proper nourishment of the body, to help us decide what we should eat. Some claim that we are to be guided by instinct, but man does not possess instinct as do the lower animals. Man is a rational being and is to be guided in his actions by knowledge and judgment, not by irrational instinct. Some claim we should be guided in the matter of food for the physical body by our palate, by our likes and dislikes. The fallacy of this claim is seen at once when it is broadly applied as a rule of conduct. Society would soon be utterly demoralized if people followed as a guide their likes and dislikes, their emotions, their passions, their desires. These things are always to be controlled and governed by knowledge, by reason, by judgment, by obedience to the higher laws of life. But possibly a revelation has been made. Possibly suggestions as to what is useful and necessary for the nourishment of the body, for the full and vigorous development of a "sound mind in a sound body," have been written in exceedingly legible language, if one will but look and see. If we consult the written Word, we do not find much that throws light upon the subject, for the Word is written to guide us in things spiritual rather than in things merely physical. In Genesis, first and second chapters, however, we find verses which, if literally interpreted, would seem to offer some suggestions; as for instance, Genesis 1:29, 30, 31, "And God said, Behold I have given you every herb bearing seed, which is upon the face of all the earth, and every tree, in which is the fruit yielding seed; to you it shall be for meat. And to every beast of the earth, and to every fowl of the air, and to every thing that creepeth upon the earth, wherein there is life, I have given every green herb for meat; and it was so."

Genesis 2:9, 16, 17, "And out of the ground made the Lord God to grow every tree that is pleasant to the sight, and good for food; the tree of life also in the midst of the garden, and the tree of knowledge of good and evil." "And the Lord God commanded the man saying, Of every tree of the garden thou mayest freely eat: but of the tree of the knowledge of good and evil, thou shalt not eat of it: for in the day that thou eatest thereof thou shalt surely die." If by some these verses are adopted as offering a foundation for vegetarianism in diet, the argument may be met by quoting from Leviticus, the eleventh chapter, where we read: "And the Lord spake unto Moses and to Aaron, saying unto them, speak unto the children of Israel, saying, "These are the beasts which ye shall eat among all the beasts that are on the earth. Whatever parteth the hoof, and is clovenfooted, and cheweth the cud, among the beasts, that shall ye eat." And then follows a detailed list of animals that shall be considered "clean" and "unclean" and that may or may not be used as food.

Without doubt these suggestions and permissions are not to be taken in an absolutely literal sense, because the scriptures are written symbolically and have an eternal meaning which has been revealed and which can be applied to the spiritual life by those whose ears have been unstopped so they can hear, and whose eyes have been opened so they can see.

Possibly we may find the revelation we seek if we consult the book of Nature and make use of the Knowledges or Sciences of biology and physiology and chemistry, which have been vouchsafed us. Such a search reveals the minutest composition of the physical body and all its component parts, as well as the chemical composition of all the materials used by man as food. Bone and cartilage and tendon and muscle and blood and brain and glandular organs, and even the minute cells, which compose these tissues and organs, have been painstakingly analyzed, and the physiologist can tell us all about these material structures. The chemist can tell us the varieties and percentages of mineral matter, the amount of that wonderful thing called protein, the exact proportion of fat and sugar and starch and extractives found by analysis in grains and nuts and vegetables, and fruits and berries, in milk and eggs, in meats and other things used as food for man

and beasts. Analysis has been carried so far that the heat-producing power, or the "caloric value" of foods has been tabulated, and physiological experiments have determined how many calories or heat units are needed by the average man for the average day's work. Man's patient examination and analysis of Nature's products has determined all these things with commendable and satisfactory accuracy and he has learned to utilize much of this knowledge to the saving of innumerable lives and the prevention of much suffering. Man's knowledge of physiology and chemistry and anatomy and the causes and manifestations of disease, and his knowledge of drugs and surgery and other healing measures have made, we are told, wonderful progress during the centuries, but more especially during the last half century. And yet man's knowledge has not progressed far enough to enable him to prevent the development and continued existence of the host of diseases which afflict humanity. A few of these diseases he happily is able to prevent, but he seems helpless before most of them. What is wrong? There must be something wrong somewhere. Why is it that disease is most rampant among civilized people, who possess all this knowledge? Why is it that to-day fewer men fifty years of age will live to reach seventy than was the case a generation or less ago? This is what vital statistics, according to life insurance authorities, tell us is the fact. Why is it that the dreaded white plague, tuberculosis, is so devastatingly prevalent? Why is it that in recent years there has been such an alarming increase in the number of cases of insanity and nervous disorders? Why is it that the terrible scourge, cancer, which only a generation ago was supposed to be a disease of old age, is found not only in the sixties and fifties, but has become very frequent in the forties and even in the thirties? Why is it that pneumonia, the germs of which are with us always, is so alarmingly prevalent and fatal? Why is it there is such an unaccountable and unclassified variety and number of wrecked physiques and incompetents, and sufferers from chronic disorders of heart and lungs and intestines? Again there must be something wrong somewhere. These things are all evil, and these wrongs and these evils were not present on that day when "God saw everything that He had made, and, behold, it was very good." There was, there-

fore, nothing wrong and nothing evil as a part of the original creation. It is inconceivable that Infinite Love and Wisdom should have created such wrongs or such evils when He created man in His own image, for He is Goodness itself and not Evil. It must be that man himself, by perverting the good that was his original heritage, has brought all this disorder upon himself; for he was created into an absolute freedom to choose for himself what he should do in the essentials of physical and spiritual life. This statement is supported by the knowledge derived from biological studies. As man has progressed from the simple, uncomplicated life of primitive peoples to higher and higher forms of what is called civilization, diseases have multiplied in variety and number. That is, as man has increased in his knowledge of material things, as his mental powers have expanded and his ability and ingenuity have developed he has more and more set up his own judgment in opposition to the Almighty's and has suffered and is suffering the consequences in physical disabilities.

To recapitulate: From the physiological viewpoint, one of the vital properties of protoplasm, which is the physical basis of life, is nutrition. Naturally the quality of protoplasm or the quality of the living organism depends upon the quality of the food ingested. It is only rational to assume that an unsuitable food, an imperfect or unbalanced ration, a diet deprived of ingredients which Nature evidently intended it to contain, never did and never will produce, and cannot be transformed into, a healthy body, a "sound mind in a sound body." It, therefore, behooves us to determine what Nature intended us to utilize as food. The question naturally arises—has Nature made any revelations to guide us? Are there any indications pointing to what is good and valuable, and to what is injurious? Possibly such revelation is nearer at hand than many think—one has but to look and see! Much depends upon our conception of Nature. It is to be hoped that none of us agree altogether with the well-known naturalist, John Burroughs, who in one of his shorter essays patronizingly wrote as follows: "Man plans and builds and plants by method, order, system; he has eyes to see and hands to guide, and wit to devise; Nature builds and plants blindly, haphazardly, all around the circle; her hand-maidens are industrious and undirected....Nature is pervaded with an intelligence

that differs in kind from that of a man—a blind, groping intelligence. Instead of taking short cuts, as man does, and saving time and waste, she beats all about the field, like a blind man looking for a gate....If the Creator was aiming at man all these long geologic ages, groping his way through these low, and then through these gigantic repellent forms, how blindly and indifferently He seems to have worked!.... Yet, through this hit-and-miss method of Nature, things have come to what they are; life has come to what we behold it; the trees and plants are in their places; the animals are adjusted to their environments; the seeds are sown, fruits ripen, the rains come, the weather system is established, and the vast and complex machinery of the life of the globe runs more or less smoothly, undirected, in the human sense. Blind groping, experimenting, regardless of waste, regardless of pain, regardless of failure, circuitous, fortuitous, ambiguous, traversing the desert and the wilderness without chart or compass, beset by geologic, biologic, and cosmic catastrophes and delays, yet the great procession of the life of the globe, with man at its head, has arrived and entered into full possession of the inheritance prepared for it." The essay ends with, "Who and where is the general who is conducting the campaign?" Rather, let us agree that behind Nature is the great and only Intelligence—that what is called Nature is simply a physical or material manifestation of the love and wisdom and power of God; "for thine is the kingdom, and the power and the glory." Rather, let us say in the words of the nineteenth psalm: "The heavens declare the glory of God; and the firmament showeth his handiwork. Day unto day uttereth speech, and night unto night showeth knowledge. There is no speech nor language where their voice is not heard." It is not too much to claim that Nature has a wonderful faculty of adapting means to ends; a far-seeing vision that can plan and provide. We have, for instance, on the one hand, a wonderful mechanism called man, whose body, an ephemeral structure, is in constant need of rejuvenation and sustenance; and on the other hand an abundant supply of wholesome food materials adapted to the nourishment of that body.

It is not possible within the present time limits to enumerate in detail the foods which Nature unquestionably has provided for man's use, but the endless variety of grains, and nuts,

and vegetables, and fruits and berries certainly provide all the mineral salts, all the protein, all the starch and sugar and fat needed to produce a thoroughly healthy and clean and strong and useful body—a body that, hygienically and suitably cared for in other respects, will give its possessor but little annoyance and will have resistance enough to repel malign influences, which seek to injure, cripple or destroy it. Be assured, however, that Nature has provided wisely and intelligently, and *imperatively insists* that man shall take the combinations she has thus provided, and that man *shall not* presume to separate and divorce the things she has so marvelously compounded. If we are told anything, we are told to eat the *whole* of the wheat grain, of the rye, the barley, the rice and oat and corn, and told *not* to deprive our bodies of any of the ingredients of these grains. By way of illustration, rice is known to be the chief food of millions of people; and it is now known that milled or polished rice, that is, rice deprived of much of the mineral matter Nature put into the grain, is the one and certain cause of beri-beri, a disease common among the Chinese and Japanese and fatal in 40 to 60 per cent of those attacked. By eating the whole rice, Nature's own product, the disease may be prevented, and also cured, if it has not been allowed to develop too far.

Now how much of the ill-health, the nervousness, the insanity, the cancer, etc., so common in America, may be due to the too free use of the staple white flour which enters so largely into the popular diet? Upon what authority is the noble white wheat deprived of a large percentage of its mineral salts and protein and in its demineralized form converted into an unbalanced ration?

When Nature has provided in most agreeable and palatable and easily assimilable forms a free supply of sugar in fruits and berries, and certain vegetables and milk, why should man not be content to take the natural product and not spoil his appetite and digestion and often ruin his health by steady indulgence in ice cream sodas, confectionery, cakes and cookies, pies and jams, and preserves; all of them and their kind unwholesomely and viciously sweet?

"A word to the wise is sufficient." Nature has revealed her wisdom in providing food that is all sufficient for the needs of the human body; and mankind, in going contrary to

the directions plainly given, brings upon itself misery and suffering, disease and death.

It would be well for mankind to apply to this matter of manufacturing flour and cereal foods and sugars and things related thereto the command given by the Saviour himself in connection with the sanctity of marriage and found in Matthew xix, 6, "What therefore God hath joined together, let not man put asunder." Surely we are justified in claiming that health, "a sound mind in a sound body," can be secured and retained by listening to and following the directions given by a beneficent "Nature."

Just a few words more, briefly, in connection with *happiness*, by which we ought to understand not only the joy of living, the comfort which co-exists with the ability to endure and accomplish, the satisfaction of laboring with useful results, and striving to do our various duties, and the pleasures which are consistent with the high ideals of life, but that state of mind which brings about peace, tranquility, confidence, faith and hope in the eternal right and justice of things in this life. What soundness and strength and freedom from disease and suffering are to the body, happiness is to the mind or soul. Much unhappiness and inefficiency are due to the mistake made by many in considering man as simply a material, a physical organism, a thing composed of flesh and blood. The most elementary studies in anatomy, physiology and embryology, and the ordinary experiences of life should be sufficient to convince us that man is *not* simply flesh and blood; that he is something more, in fact nothing less than an immortal soul or spirit temporarily and for a short time encased in the material and ever changing body, handicapped by its limitations. It is commonly recognized in these days of psycho-analysis, psycho-therapeutics, mental healing, sub-conscious cerebration and researches into the psychological, that the real man is an indestructible personality, an imponderable, intangible force and entity, a reality separable from the purely physical. The idea of man being a spirit is not as offensive to scientific thought as it formerly was. Recent investigations into the nature of electricity, of x-rays, of radium, of wireless telegraphy, of psychic phenomena, of the all-penetrating ether, and the new conceptions of matter, the atom, the ion, the electron, etc., have prepared the scientific

mind to accept the idea of immortality, and to look upon man as a spiritual substance destined to immortal life. The progress in this direction is reflected in modern scientific thought, but nowhere do we find it more definitely stated than in the famous address, *Continuity of Life*, made by Sir Oliver Lodge as President of the British Association of Scientists. He says, “\* \* \* already the facts \* \* \* examined have convinced me that memory and affection are not limited to that association with matter by which alone they can manifest themselves here and now, and that personality persists beyond bodily death.” It is recognized not only by the medical profession, but by the laity that man himself is not the bones and muscles and tissues of which his body is composed, for this body may be crippled by the loss of eyes or tongue or stomach or appendix or limbs, or various other organs and structures, without in any way crippling the ego, the personality, the essential characteristics of the individual. It is unquestionably, then, a belief in the existence and persistence, in the indestructibility, of the soul that makes for the highest type of happiness and that affects most profoundly the whole physical and spiritual life of man.

It is proper to ask, Does the soul need nourishment? Is the spirit of such stuff that it needs food? And if so what sort of food has been prepared for it? To answer these questions we have to leave the realm of the material and seek knowledge from revelation, which is abundantly given. In Deuteronomy viii, 3, we read—“And he humbled thee, and suffered thee to hunger, and fed thee with manna, which thou knewest not, neither did thy fathers know; that he might make thee know that man doth not live by bread alone, but by every word that proceedeth out of the mouth of the Lord doth man live.” In Isaiah, chapter lv. 1, 2, 3, we find the following significant directions:—“Ho, every one that thirsteth, come ye to the waters, and he that hath no money; come ye, buy and eat; yea, come, buy wine and milk without money and without price. Wherefore do ye spend money for that which is not bread? and your labor for that which satisfieth not? hearken diligently unto me, and eat ye that which is good, and let your soul delight itself in fatness. Incline your ear and come unto me: hear, and your soul shall live; \* \* \*.”

In the Gospel of St. Matthew iv, 4, we are told “It is writ-

ten, Man shall not live by bread alone, but by every word that proceedeth out of the mouth of God." And in the sixth chapter of St. John, the 27th verse, we are told among other things, "Labour not for the meat which perisheth, but for that meat which endureth unto everlasting life, which the Son of man shall give unto you." "I am that bread of life. Your fathers did eat manna in the wilderness, and are dead. This is the bread which cometh down from heaven, that a man may eat thereof, and not die. I am the living bread which came down from heaven: if any man eat of this bread, he shall live forever."

In conclusion, it may be claimed that an unshakable belief in the essential, spiritual nature of man; a definite conviction that life is not an ephemeral earthly existence, but stretches far beyond the confines of time and space:

1. Helps us to differentiate means from ends, the important from the insignificant;
2. Helps in the selection of modes of life and formation of habits;
3. Helps one to say "No" to many of the sensuous, natural temptations of life;
4. Gives peace and courage to the perplexed and faint-hearted;
5. Gives one some ideals worth living for;
6. Makes it easy to try to obey the decalogue and the two great commandments;
7. Illuminates one's judgment in the difficulties of life;
8. Brings comfort in illness, courage in adversity and strength at all times;
9. Brings a degree of health and happiness not obtainable elsewhere or elsehow:—and certainly enables one to say from the heart, "O death, where is thy sting? O grave, where is thy victory?"

What better thought can we carry away with us as we separate to take up our various functions in life, resolved to secure and retain the ideal Health and Happiness, than that given to us in John xiv, 27—"Peace I leave with you, my peace I give unto you; not as the world giveth, give I unto you. Let not your heart be troubled, neither let it be afraid."

## VERIFICATIONS\*

By Daniel E. S. Coleman, Ph. B., M. D., New York

The growth of our school must depend upon its practical results rather than upon purely theoretical discussion, which too often unnecessarily complicates the homœopathic principles by introducing visionary flights of the imagination originating in some romantic mind. *Our* work lies in practical demonstration, and this work must continue. A good cure does more than hours of purely abstract argument.

These few verifications are taken as an example of the ordinary results obtained by the homœopathic physician. An occasional remarkable achievement is far less important to the life of homœopathy than consistent, good results in our every day practice. A system to prosper must be of universal adaptability. The teacher of materia medica must do all in his power to simplify our gigantic pathogeneses and to place before those entering upon the study of homœopathy a practical working method for the cure of the sick. Too often the student is crowded by other subjects out of all proportion to their practical usefulness. This takes his mind, capable of retaining only a certain amount of knowledge, from the more important matter of materia medica and its therapeutic application.

It occurred to me last winter that it would be a good plan to hold a clinic at the end of each lecture, when I would prescribe before the class for students requiring treatment. Also I invited them to bring in cases, preferably those in which the old school had failed. Lastly, I asked different members of the class to accompany me upon my hospital rounds that clinical verifications could be demonstrated in cases like pneumonia, rheumatism, and other acute diseases.

In February a student brought in this case: Male, age 51. Headache for forty-one years without obtaining relief. The best men at Johns Hopkins and other well known institutions were unsuccessful. Symptoms: Sense of pressure as from a dull weight in the right supraorbital region, sensitiveness to touch. This was constantly present. First on Fridays, then on Wednesdays, he would have severe pain starting in right supraorbital region and extending over the entire head.

\* Read before the Bureau of Materia Medica, A. I. H., 1914.

Pain increased in severity until his suffering would become so excruciating that he thought he would lose his reason. The slightest noise or jar was intolerable, could not even stand the faintest whisper. Confinement to bed was necessary one day each week. *This he never escaped for forty-one years.* R Gelsemium  $\theta$ , gtt. x in half a glass of water,  $\mathfrak{z}$ i half hour before meals, and at bed time. The remedy was prescribed two days before the weekly exacerbation. He had only slight trouble that day and has been *entirely* free from it ever since, excepting once after he had discontinued the medicine for a time. There was the faintest suspicion of pain.

Male, 41. Similar case with a Monday exacerbation. Two drops of the tincture of gelsemium four times daily were necessary before obtaining results.

The late Dr. William E. Wells, a famous dentist, told me the following: A physician friend had suffered from trifacial neuralgia so long and severely, obtaining no relief from any treatment experienced, that he concluded to commit suicide. Walking along the avenue with head bowed in painful contemplation of his family's shock and grief at his act, he glanced up and beheld a doctor's sign. Almost mechanically he entered and was ushered into the presence of an old, dried-up physician resembling an Egyptian mummy, who turned out to be a botanical practitioner. After relating the case, he was given a bottle of dark brown medicine with directions to take thirty drops and repeat in an hour if necessary. The pain stopped after the first dose, but the second was taken to make sure. He never had a return and cured some of his own patients with the remedy. It was gelsemium tincture.

This large dose was in great excess of what we would give, but it shows the value of this drug nevertheless. Frequent personal verifications with small doses proved to me its great value as a neuralgic remedy.

This case may seem to verge on the romantic, because of the seemingly lucky finding of the botanical doctor. There is absolutely no such thing as luck and those who believe this fallacy suggest that the natural law governing the great fact of causality can be suspended like the by-laws of some society. Remember the definition of a romantic place given by a Newark, N. J., man: "The place where you aint."

Gelsemium has served me so well in cases presenting its characteristic symptoms, languor, weakness, trembling, dim vision, etc., (I cured two cases of hysterical amblyopia with it) that I value it second to no drug in the *materia medica*.

Regarding the potency, I have obtained results from the tincture up. I agree with the majority that it acts better in the tincture or lower dilutions. Sometimes I have obtained brilliant results from the 30th, however. He who is hide-bound in his potencies will fail to accomplish all that homœopathy can do. *Natrum mur.* 30th cured a woman with recurring headache of nineteen years' duration. At first it lasted only one day; later two or three. She had dimness of vision from sunrise to sunset. The dim vision remained after the headache was cured. This almost entirely disappeared under *causticum* 3rd.

We all know by experience the value of *spigelia*, *iris versicolor*, *sulphur*, in these recurring headaches, and I wish to condemn any empiricism in our prescribing.

Many pneumonia patients are treated at Flower Hospital during the winter and early spring. The only deaths in my recent three months' service were two old women with chronic nephritis, admitted in moribund state. It was the nephritis rather than the pneumonia which caused death. *Phosphorus*, *rhus tox.*, *bryonia*, *apis* and *sulphur* have been most often indicated this year. Our patients recovered promptly, the temperature falling by lysis, the usual termination of homœopathically treated cases.

Our results with typhoid fever have been similarly gratifying. *Baptisia*, *rhus tox.*, *gelsemium*, *bryonia*, *hyoscyamus* and *opium* were the chief remedies.

The "keynote" tongue of *rhus tox.*, its triangular red tip, has appeared a number of times this spring, not only in pneumonia but in rheumatism and other complaints. The red tip would disappear as the patient grew better.

An old school physician called me to a case of pneumonia complicated with edema. The child's condition was such that he thought I would not arrive in time to see her alive. I asked if there was anything that his school could do. He answered that he was at the "end of his rope," and if I could cure her he would believe in homœopathy. I said I would do my best, but that he must keep out of it absolutely. He

replied that he would be "delighted to do so" as he had had quite enough of it, in fact decidedly "too much." I prescribed lycopodium 30th in repeated doses upon the following symptoms: dyspnea, motion of alae nasi, great accumulation of mucus, edema of lungs. The child improved at once and was out of danger in a few hours. My doctor friend reported the case in one of his own societies, giving homœopathy the credit.

Last winter I cured a gentleman ninety-two years old of catarrhal pneumonia with antimonium tart., 6x trituration. Symptoms: great accumulation of mucus in the chest with inability to raise. I have verified this characteristic numerous times.

Edema of the lungs has cleared rapidly for me under antimonium tart. The prostration, pale face, cyanosis, cold sweat, dyspnea with inability to raise the accumulation are strong leaders for this remedy. I prefer the 12th or 30th potency in edema of the lungs.

Apis is another important drug in this condition characterized by suppressed or scanty urine, absence of thirst, drowsiness, dyspnea, and a "sensation as if every breath would be his last." One old lady suffering from pneumonia presenting these symptoms improved at once under its action, the temperature falling by lysis became normal in about 24 hours. She received the 6th potency. Other drugs like phosphorus, bryonia, digitalis, sulphur, sanguinaria, kali carb., kali iod., may be indicated in edema when their characteristic indications appear. We must treat the patient, not the disease.

I have examined hundreds of heart cases during my service at the Flower and Metropolitan Hospitals as well as in my private practice and I consider that physiological medication is resorted to a vast number of times when the homœopathically indicated remedy would do much better work. No one will deny that a dilated heart with broken compensation may require medication aimed to bring about contraction, and a man of clinical experience should distinguish such. I always feel, however, that when physiological measures become necessary that we are drawing near the end. It behooves us to consider each case on its merits, avoiding such treatment in cases of a dynamic character.

Digitalis has for its most characteristic symptom a slow pulse due to the stimulation of the vagus. At first the beat is strong because of the increased tension resulting from contraction of the arterioles. Later, the cardiac muscle becomes exhausted from direct poisonous action upon its fibres and we get a weak, intermittent, irregular and finally a quick pulse. I prefer kalmia for a primarily slow, weak heart, especially if complicated with rheumatic pains of a shifting character. Aching of the left arm and tumultuous beating, visible through the clothing, are important symptoms. Spigelia has tumultuous beating visible through the clothing but differs from kalmia in having a quick pulse. Spigelia is more neuralgic; kalmia, more rheumatic. All three of these remedies have done good work for me. I use digitalis  $\theta$ , gtt. x in half a glass of water,  $\mathfrak{z}$ ii at a dose. Kalmia the same; spigelia in the 3rd.

Those familiar with the proving of cactus, made by Dr. Rubini and his wife in 1862, can not but feel the stupidity of the statements following the recent experiments upon guinea pigs at the College of Physicians and Surgeons, New York. When some of the experimental scientists learn that it is necessary to know the action of a remedy upon the healthy human body before it can be applied curatively, one school of medicine, and one alone, will exist.

"Sensation as if the heart were grasped by an iron hand" is a symptom I have verified many times. Some cases have been very acute and relief followed with a promptness that would have astonished a guinea pig experimenter. Aching and numbness of the left arm is another strong keynote; aggravation from lying on the left side.

Two cases by way of illustration:

1. Female, age 30. Conscious, heavy, constricted feeling about the heart, numbness of the hands, surging feeling over body, sometimes feels as if she were dying, convulsive action of heart, great exhaustion, can hardly attend to business. Physical examination showed an aortic stenosis and mitral regurgitation. Pulse 91 and weak. Under cactus  $\theta$ , gtt. x in half a glass of water,  $\mathfrak{z}$ ii four times daily, she improved rapidly and *all* her subjective symptoms disappeared. She writes that she is perfectly well, being absolutely free from disagreeable sensations.

2. I was called one night to a case of angina in which the constrictive sensation was very marked. The patient was relieved after a few doses and had no sensation of pain whatever in less than an hour. I gave *cactus grand.* every five minutes. Same dose as above.

*Iberis* is indicated for cases of tachycardia. Other symptoms, such as dyspnea, irregular pulse, vertigo, may be present. The report of a few cases may interest as this drug is apt to be neglected.

1. Dec. 4, 1913. Girl age 9. Symptoms: fainting spells almost daily, screaming with sharp pain in the heart, great weakness; systolic murmur heard at the apex and transmitted under left scapula; diastolic murmur at second right intercostal space transmitted to neck; pulse 126, very weak and irregular. *R Iberis*  $\theta$ , gtt. x in half glass of water,  $\mathfrak{z}$ ii half hour before meals and at bed time. Dec. 22nd, general condition much improved; only one fainting spell since Dec. 4th; before that, thirteen in eighteen days; pulse 120 and much stronger. *R Iberis* continued. Feb. 9, 1914, marked improvement. No fainting spells since Dec. 25th. Had two between Dec. 22nd and 25th. Probably due to the exertion of coming to my office from out of town. Is active, cheerful, has gained five pounds. Pulse 100 and very much stronger. June 11th. Continues well. No fainting spells in about six months.

2. Girl, age 9. Pulse 104. Systolic murmur *distinctly* heard over apex and under left scapula. *R Iberis*  $\theta$ , gtt. x in half glass of water,  $\mathfrak{z}$ ii q. l. b. In a few days the murmur could not be heard and the pulse was 88. She seemed in perfect health when discharged.

3. Woman about 60 years of age. Secondary dilatation due to chronic parenchymatous nephritis. Pulse of 140 was reduced to 96 in a few days.

I have prescribed *laurocerasus*, in the same dose as *iberis*, with success in cases characterized by cardiac cough, dyspnea and cyanosis aggravated by lying down, relieved by sitting up. *Sumbul* 2nd has relieved cases of cardiac asthma.

*Crategus* has done some excellent work for me. Weak, rapid pulse, dyspnea and dropsy are leading indications. I can mention only a few cases out of many helped by *cartegus*.

1. Female, age 40. Systolic murmur at apex transmitted under left scapula, cardiac area increased. Dyspnea on slightest exertion, weakness so great that she could not go out and attend to business. Crategus  $\theta$ , gtt. v, four times daily, cured all her subjective symptoms and she is now well and strong. Of course the murmur remains, but it causes no inconvenience. This lady has sent me many heart cases as a result.

2. Male, age 79. Cardiac dyspnea, palpitation and weakness. Greatly relieved in a short time from crategus  $\theta$ , gtt. v, four times daily.

3. Female, age 78. Great dyspnea and weakness, had to be propped up in a half sitting position, pulse so irregular, intermittent and weak that it could hardly be counted; systolic murmur at apex, transmitted under left scapula. Crategus  $\theta$ , gtt. i to iii in a teaspoonful of water q. 2. b. She recovered in a week, and her heart is strong and regular today. This was about a year ago. I have great regard for this remedy, because with it I was instrumental in relieving the distress of my poor, dear friend, Dr. Pierce, in his last illness. It relieved his suffering more than any other medicine.

I have used many other remedies according to indications in heart affections, such as arsenicum, arsenicum iod., apis, phosphorus, natrum mur., but time does not permit recording cases. My aim is to give a few average illustrations to show the efficacy of homœopathy in these conditions.

A few nervous cases:

1. Female. Left sided hemiplegia following cerebral hemorrhage. Leading characteristic: *red triangular tip of tongue*. R̄ Rhus tox. 6th q. l. h. The red tip began to fade in a few days and motion returned and steadily improved.

2. Female, age 45. Dec. 7, 1913. Has been gradually losing power to walk, and is now obliged to use a cane or hold on to the walls. Knee jerk exaggerated. I prescribed conium 3rd four times daily on the indication, *paralysis beginning in the lower extremities*. In three weeks she could walk without a cane or holding the wall. She ceased to improve after stopping the remedy. I gave her more, but she has not reported as yet.

3. Male, age 89. Senile dementia; patient would become very noisy at night; feared being left alone, being poisoned, wanted to run away, would shout "Fire" and "Murder" at the

top of his voice. These violent symptoms would alternate with stupor. I did much to quiet him with hyoscyamus 3rd. The nurse, one of great experience with insane patients, both private and institutional, said that she never saw any other remedy act with such power.

4. Some years ago I cured a case of true epilepsy. The diagnosis was confirmed by two old school physicians, one of considerable prominence; the other an oculist. She was treated with bromides for two years. When they were stopped she was much worse. Symptoms: Prodromal itching of the skin, things seemed to be getting far away, head turned to the left, loss of consciousness and spasm, in which she drew up legs and kicked feet, opened and shut hands, purplish color of the face, stertorous breathing, laceration of the tongue, dilated pupils. Following the attack there was nausea, weakness, dull pain as if bruised in the occiput and neck when lying down or from touch. Attacks had occurred after using eyes. She had been fitted to glasses. Diagnosis confirmed by a well-known homœopathic oculist. I prescribed belladonna 30th, repeating the dose sometimes q.2.h., sometimes four times a day, then gradually diminishing as she grew better. I discontinued belladonna and gave natrum mur. 30th for a short time. Because of a great nervousness and palpitation of the heart I resumed belladonna later. She gradually improved. I prescribed belladonna on March 5, 1906, and on May 14, 1906, she had her last attack. At first she would have a number of convulsions daily.

5. Male, age 39. Neuritis of right arm lasting four months. No effect from old school treatment. Trouble increased until he could not move hand or arm. Pain was intolerable at night, preventing sleep and causing restlessness; came on after sleeping by an open window. He was confined to bed when I was called, and before that time fear was a prominent symptom, causing him to look under the bed and in the closet before retiring. *R* Aconite 3rd in repeated doses. The next day he was much improved, having been able to sleep the previous night. On the second day, pain on motion only, and on the fifth day he could move hand and arm without any pain. He progressed rapidly to complete recovery. I gave aconite in the 3x for a time, also. I mention this case to show that we

should not ignore aconite in subacute or chronic conditions when indicated, which I have verified on other occasions.

Hay Fever. 1. Female, age 40. Attack stopped promptly by lachesis 30th. Characteristic indication, aggravated after sleep. I gave it as a prophylactic a couple of weeks before the expected return the following year. It did the work. She was delighted and made me write down the name of the remedy in case I should die. Finally it ceased to act, and ars. iod. became indicated. Strange to say that when she took six globules moistened with the 30th potency of lachesis it did not help, but twelve globules did.

I have aborted, stopped or helped many cases of hay fever with ars. iod. 3x trituration. It has the thin, watery, excoriating discharge and sneezing, so characteristic. Dr. Pierce preferred the 6th as a prophylactic.

Chronic kali sulph. is a new remedy which I have verified three or four times. I am much pleased with its action. I refer you to an article by Dr. Mersch in the *Homœopathic Recorder* of January, 1912. He prescribed the 1x, 2x and 3x. He was led to use it from the irritation it caused the nasal mucous membrane. Of course other remedies like ars. alb., allium cepa, kali iod., euphor. sabadilla may be indicated, as I have reason to know. The point is homœopathy can cure or relieve hay fever.

The power of the homœopathic remedy in surgical conditions is too often neglected. It was appreciated by the elder Helmuth, Gilchrist and Edmund Carleton. I have caused tumors of the breast (not cancer) to disappear under conium 3rd when the characteristic symptom *stony hardness* was present. *Stitching pain* is another leader. *Phytolacca* tincture when the breast is very sensitive, or takes on a bluish color. Iodine is another remedy that I have used with success. I have one patient 76 years of age presenting a genuine carcinoma of the breast of ten years' duration. She has no cachexia. I stopped the sharp, shooting pains with conium 3rd. Later hemorrhages appeared, some very profuse. *Millefolium*  $\theta$ , gtt. x in half glass of water,  $\overline{5i}$  every five minutes, controlled them absolutely. After the first dose the blood would drop, and has never failed to cease after the second. Finally the odor became very offensive and external deodorants proved of no value. Kreos. 6th, later 3x, upon the indications. Ulceration with

thin putrid discharge and bluish color of parts. Kreosote not only stopped the extensive ulceration, but removed the odor as well. It is significant that after receiving an indicated remedy her general health improved. She is in such good condition that I told her family that I expected her to live until she is over eighty.

This case shows what homœopathy can do to relieve a malignant disease, the cure of which will come, and in certain cases has come, not from the experimental scientist in his laboratory, but from the practical homœopathic clinician at the bedside.

Male, age 17. First, second and third toes of left foot crushed in a press, requiring amputation. Three unhealthy ulcers remained after operation. Patient suffered great pain and had very little sleep. These failed to heal in over three months' treatment. The drugs used were bichloride of mercury, creolin, balsam of Peru, ichthyol, calendula, aluminum acetate locally; hepar sulph., nux vom., silica and calendula internally and morphin hypodermically. Re-amputation was considered. I prescribed arnica 30th along with a dilute external dressing of the same remedy upon the indication, *fear of being struck by those coming towards him*. He grew better at once and was completely cured in nineteen days.

Female, 59. Nephrectomy performed. One kidney removed. Cystic degeneration. Much pus and serum present. The other in bad condition. One and a half years later its capsule was removed and an anchorage performed. This kidney was in such a bad condition that the surgeon said if she had had a third kidney he would have removed that also. Two years later an appendectomy for gangrene. At my first visit she was very ill, showing evidence of pus absorption. An old school doctor diagnosed her case as tubercular kidney. Symptoms: Chill and fever after eating, cough with dirty, white or yellow expectoration of putrid taste, great dyspnea, fever, chill, very profuse offensive night sweats, dribbling of urine and smarting during passage, profuse yellow leucorrhea, constipation with no bowel movement without enema, great gastric distress, could eat only certain food, aggravated after midnight and from cold, relieved by heat.

Urinary examination: Quantity 37 oz. in 24 hours; s. g. 1010; reaction neutral; urea, 1%; total solids, 17,242 grams;

epithelia from convoluted tubules containing pus granules and globules, uric acid gravel, complete and incomplete triple phosphates. Diagnosis. Chronic (catarrhal) interstitial nephritis.

She improved rapidly under arsenicum 6th. Later I gave silica 30x because of the extreme sensitiveness to cold. To-day, four years after, she is in extremely good condition. A few other remedies were given during this time for acute conditions, but arsenicum 6th and silica 30x, especially the latter, were the means, I believe, of saving this woman's life.

The use of arnica, calendula, hamamelis, ledum, hypericum, rhus tox., ruta, symphytum, etc., is an old story to the homœopathic surgeon. A sprained ankle only slightly helped by rhus tox. improved rapidly under radium brom. 30x. Carbuncles which did not yield to surgical measures have cleared after giving arsenicum, taraxacum, etc. One of the most rapid cures was made with arsenicum 200th. The burning was intense and the relief from heat marked. No benefit was obtained from former local measures.

The serous fluid remaining after pleurisy has been absorbed by the action of the indicated remedy, chiefly sulphur 30th.

In closing, I wish to emphasize the fact that our practices increase because of our results, and the school will advance because of the results of the entire homœopathic body. It is necessary to devote much attention to the art of prescribing, however. Our colleges should be filled with students thirsting for homœopathic knowledge. It can best be given by practical demonstration.

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**Senega:** The root contains a volatile oil, methyl salicylate, valeriaic ether and asperagine. When inhaled, it is an irritant to the nasal mucous membrane and causes sneezing. It should be studied in diseases of the respiratory tract in patients who are fat and of relaxed fibre.—Blackwood.

**A Specialty:** The field of medical knowledge is so large that one person can be thoroughly at home in only a limited area. From this limitation the specialists have necessarily arisen, with fields of interest varying as widely as the tastes and temperaments of a whole graduating class.—Bigelow.

## A STUDY OF FACTORS IN PARTURITION

With Special Reference to Cesarean Section

Gilbert FitzPatrick, M. D., F. A. C. S., Chicago

Mr. Chairman, Members and Guests of the Obstetrical Society:—

As your executive officer I welcome you to the 12th annual convention of our society and heartily invite you to join with the officers and essayists in their endeavor to make this a profitable meeting.

In giving strict attention to the papers as they are read and then by adhering to the topic under discussion with a recognition of the by-laws which place a five-minute limit upon each disputant, I feel that we shall all be well repaid for our attendance.

The program, as you will notice, has been developed along three specific lines:

1. Toxemias of Pregnancy.
2. Surgical Obstetrics.
3. Puerperal Infection.

The miscellaneous papers are grouped together.

The great advance made in obstetrics during the last decade has been principally in these three divisions and again proves that prevention upon a scientific basis is the particular department in medicine which has responded to the efforts made in research, study and application, by those minds dedicated to the well-being of humanity.

No other division in the world's work has yielded so nobly and yet so resistantly to the efforts of man, as has the division of medicine. In the same space of time the engineering world offers the automobile and aeroplane; the commercial world, the combination of business and the comforts of capital; sociology and art are standardizing human intelligence, while economics applied in all its variations proclaims the breadth of brotherhood. But to medicine, preventive medicine, belongs the reward. Nothing else has made such progress. This is evidenced by the over-shadowing of those activities that are

\*Address of the President of the Obstetrical Society, A. I. H., Atlantic City, June 29, 1914.

not devoted to the conserving of the world's greatest asset—Man.

The application of the principles and practice of obstetrics is now recognized as an art that not only requires a minute knowledge of all the dystocias, but carries with it a responsibility much weightier than has heretofore been acknowledged. It is to place this knowledge upon a more simple basis, and yet to afford an accurate and scientific scheme for diagnosis and treatment that has led us into this study of retarded and difficult parturition. The contents of several hundred pages in the latest text-books are classified, and with a hurried study of the following charts the indications for treatment stand plainly before you. Although we recognize unintelligent interference as almost criminal, still a belated awakening has cost many lives. Therefore it is to furnish a simple working scheme in behalf of the pregnant woman that we offer you these suggestions.

To understand the irregularities which may develop in parturition, one must be familiar with *the laws of labor*, the principles of the science and art of childbirth, as is manifest, first, by the cephalo-pelvic equation, second, by the muscular efficiency and third, by the psychic equilibrium of the pregnant woman.

In order that we may have ocular as well as auditory demonstration of the idea in mind, we direct your attention to the first chart.

### Factors in Labor.

1. Cephalo-Pelvic Equation.
2. Muscular Efficiency.
3. Psychic Equilibrium.

Each patient's history is taken and it will be noted whether she belongs to one of these groups; her symptoms likewise will be classified, and a careful examination then will follow: you are now in position to locate and group any abnormalities and thereby anticipate and recommend the proper treatment.

With this classified knowledge you know the type of labor the case will exhibit—or if not seen until in labor, by this arrangement the urgency of the condition will be quickly recognized, and the proper treatment instituted, or assistance secured in keeping with the seriousness of the case.

**Cephalo-Pelvic Equation.**

1. Bony Pelvis :
 

|            |   |                                             |
|------------|---|---------------------------------------------|
| Contracted | } | Congenital.<br>Developmental<br>Accidental. |
|------------|---|---------------------------------------------|
2. Soft Tissues :
  - Tumors—Adhesions.
  - Displacements.
  - Malformations—Atresia.
3. Fetus :
  - Size, Position, Presentation.
4. Tumors.

Under the heading, *Cephalo-Pelvic Equation*, we determine the capacity of the passageway and estimate its relation to the passenger. The pelvis is studied by palpation and the pelvimeter, noting any deviation from the normal; special attention being directed to the joints, ligaments, muscles and tendons and most careful measurement made of the antero-posterior diameter at the inlet and the width of the arch and interischiatric diameter of the outlet.

The presence or absence of tumors of either the bony or soft parts, i. e., fibroids, placenta previa, etc., position of the cervix and os, scars and deformities are particularly recorded. Finally the position, presentation, size, condition of the fetus, and whether or not the presenting part is engaged, if at or near full term, or in labor; these are all important conditions anxiously determined.

Thus one gains an accurate knowledge of the case by this examination, and can rule out any obstruction or disproportion between the passenger and passageway.

**Muscular Efficiency.**

1. Physical Condition :
  - Age—Para.
2. Occupational Defects :
  - Sweat Shop.
  - Society Parlor.
3. Diseases :
  - Nephritis, Syphilis.
  - Alcoholism, Tuberculosis, etc.

Under the next classification, *Muscular Efficiency*, we first note the patient's general physical development, history of previous labors, muscle ability, energy, vitality, civil state, occupation and diseases.

The marathon that every woman in labor must run is responsible for much of the morbidity in obstetrics. Occupational defects, both physical and mental, handicap her to a greater degree than is generally acknowledged.

We are all familiar with the poorly clad, underfed woman who works in a factory or sweat shop, and is housed in an unsanitary, foul smelling, dark basement, and is about to become a mother. Our clinics and charity hospitals recognize her type, the up-lift societies and begging organizations use her as a plea for alms, our Infant Welfare Societies raise great sums to care for her offspring, but has anyone thought of the great horde—the so-called American society woman whose occupation as illy fits her for motherhood as does the occupation of her lowly sister?

The successful man's wife must needs be a busy woman, she must dress and tea and tango, dine and wine and close the cafes at one, stand for the modiste and then suffragette, have a manicure and attend a mind culture class, smoke and cocktail—and then try to have a baby: these are some of the occupations which make of her a defect, a muscle degenerate, a poor maker of children; these are some of the factors which keep our infant mortality near the 200 mark per 1,000 (under one year of age) raise the puerperal insanity per cent, force bottle feeding and create a growing demand for the wet nurse.

There are women in this class who know not honest work, exercise in fresh air, God's sunshine and a quiet evening, women to whom a good book and prenatal meditation are strangers: they are weaklings, mentally, morally, physically, and yes, even socially, when the country's welfare and race betterment are in the balance.

Then there is the organically diseased pregnant woman: nephritis, alcoholism, tuberculosis, syphilis, and a host of infant-destroying influences that speak for complications, muscular inefficiency, lacerations and invalidism.

### Psychic Equilibrium.

1. Mental Attitude:  
Faith, Fear.
2. Mental Habits:  
Brain Storms.  
Concentration.
3. Neuroses:  
Insomnia.  
Epilepsy.  
Melancholia.

The next division is the *Psychic Equilibrium*. Occupational defects and psychic instability are naturally intimately related, the deteriorating influences of the one producing similar effects upon the other. A poorly organized muscular efficiency predisposes to a weakened mental attitude and *vice versa*.

A correct mental attitude has a most salutary influence upon pregnancy, labor and the puerperium, because through it, environment, personal conduct and a co-operative spirit are secured. Yet it must be an intelligent attitude, not the blind belief which neglects a nephritis that it may develop into a fatal uremia, not the unchristian faith that teaches, "In God We Trust," when there is a pelvic distortion defying delivery.

In contrast there is the element of fear, the knowledge of some unfortunate and mismanaged case, the details of which not being known to the layman, impel exaggerated ideas; the consequences are erroneous conclusions. These hearsay comments have much to do with establishing fear and the idea of suffering in the mind of our young women.

Then there is her appearance, the absence of certain social privileges, the nausea, later the discomfort and weariness, the labor and convalescence, the return of her figure and the care of the baby. All these are influences which have to do with the mental balance of the patient, and unfortunately, unless the instinct of motherhood is great, do produce a psychosis readily noticeable at labor. Mental habit, such as wilfulness, violent temper and brain storms are factors to reckon with at this important climax,—labor.

Mind concentration, a thing to do and the will to do it; mental pabulum, courage, love and desire for a child—*her child*—are the off-setting principles which speak for a psychic

equilibrium that means peace and comfort to the accoucheur as well as to the patient herself.

There are certain diseases of the nervous system, such as gestational melancholia, insomnia and other neuroses, which may or may not have a derogatory influence. Epileptics rarely become pregnant, yet a full term dystocia from these causes is of lessened consequence if the first two factors, i. e., the cephalo-pelvic equation and muscular efficiency are equal to the demand.

### To Illustrate.

We quote the following cases:

Case 1.—Attending physician, Dr. B. W. Henderson.

Mrs. S.—Age 29, primipara, wt. 98, height 5 ft. 2 in.

History—Never seriously ill, never strong or robust, muscles flabby, slightly anemic in appearance.

Symptoms—Slight hemorrhage at 6½ months, rest in bed and hypodermic of morphine stopped the bleeding. Examination revealed pulsation of entire lower segment of the uterus. Great desire for living child. Patient kept in bed ten weeks, had two subsequent attacks of hemorrhage.

Diagnosis—Placenta previa centralis.

Treatment—Cesarean section at 36th week.

Result—Uninterrupted recovery of both mother and child.

Comment—This patient had, by virtue of the misplaced placenta, an obstruction in the parturient canal, an obstruction of such serious import that to have tried delivery through the natural channel would have been fraught with almost certain death to the fetus, laceration of tissue and the loss of much blood to the mother, which would have jeopardized even her own life.

Case 2.—Attending physicians, Drs. X. and Z.

Mrs. S.—Age 35, para xii.

History—Six still births, i. e., fetus lost in delivery. Five living births, two of the babes being crippled in delivery, i. e., one suffered an injured shoulder with faulty development of arm, the other had a dislocated hip, which remained unrecognized. Two of the five died in infancy, leaving one normal child in eleven full term pregnancies.

This, the twelfth pregnancy, uneventful.

Symptoms—Patient in labor, first stage 15 hours, second stage 3 hours, shoulder presentation. The attending physicians did a manual dilatation and cephalic version. Forceps were applied, but as the cephalo-pelvic equation was unequal, the head failed to engage after repeated attempts with the forceps, many slippings occurred and further assistance was required.

Examination—I found a much exhausted patient with a cou-dee fundus, nondevelopment of the left cornu, head free above pubes, no fetal heart tones, an old 3rd degree perineal laceration, os fully dilated, soft pliable head at the brim, shortened anteroposterior diameter at the inlet.

Diagnosis—Flat pelvis with dead fetus in utero.

Treatment—Craniotomy.

Result—Uneventful recovery.

Comment—We have here a splendid example of how thoroughly the history of a case can be disregarded. Success consists in circumventing the mistakes of your predecessor, and to ignore such a history in any given case is to invite disaster and confirm the statement that the indications for craniotomy are founded upon *neglect, prejudice and ignorance*.

Case 3—Attending physician, Dr. M.

Mrs. J.—Age 31, primipara, wt. 240, ht. 5 ft. 6 in.

History—Large stout German woman, irregular labor several days, brought to the hospital in ambulance, forceps previously had been applied.

Symptoms—Tumor mass above brim, Brandl's contraction ring above tumor, i. e., an urgent indication for rapid delivery, head fixed, cervix effaced, uterine tetany.

Diagnosis—Generally contracted pelvis, threatened rupture of the uterus.

Treatment—Axis-traction forceps applied at the brim.

Results—Dead fetus (high forceps possesses a 35% fetal mortality), mother infected. Recovery in three weeks.

Comment—Borderline pelvis and muscular inefficiency. Labor should have been terminated several hours earlier by doing a hebstomy and high forceps. The child would then in all probability have been saved.

The attending physician's technic I know to be perfect, but he was materially handicapped in trying to deliver with

low forceps and with the patient in a bed. The infection no doubt was due to the manipulation and traumatism.

The child suffered from cerebral edema, the result of great molding and compression necessary to deliver the head through the pelvis. The shoulders were delivered with great difficulty. Weight, 10¼ pounds.

Her subsequent pregnancies must be watched and if an abnormally large fetus becomes a habit, in view of her generally contracted pelvis, Cesarean section should be done at or near full term.

Case 4—Attending physician, Dr. J. H. Raach.

Mrs. C.—Age 24, para ii., wt. 130, ht. 5 ft. 4 in.

History—One child four years of age. First pregnancy and labor negative. No serious illnesses, la grippe two years ago. After urgent and repeated requests from her physician and husband, the patient neglected to send urine for examination. Pregnant 30 weeks.

Symptoms—Severe headache, some dizziness, gastric pain, slight edema but increasing. Consulted physician and upon demand sent urine to office; solid with albumin upon boiling, 24 hour sample sent to Dr. Clifford Mitchell.

Diagnosis—Chronic nephritis, impending uremia. Three convulsions 48 hours later. Brought to hospital from a distance in uremic delirium.

Treatment—We found the kidney function so low that treatment for 24 hours was instituted before inducing labor. Patient regained consciousness and nearly normal mentality before uterus emptied itself. Seventy ounces of urine passed first 24 hours after delivery, casts diminishing, albumin 5 per cent per bulk, urea only 4 gms. per liter.

Results—Morning of fourth day she was attacked with tetanic contraction of the muscles of the neck and jaw slightly involving right arm. Urinary suppression and death early next morning.

Autopsy—Confirmed diagnosis, chronic parenchymatous nephritis aggravated by pregnancy; cause of death uremia.

Case 5—Attending physician, Dr. R. E. Graves.

Mrs. W.—Age 38, para i., wt. 108, ht. 5 ft. 3 in.

History—Patient's mother was 45 years of age and was suffering from malarial fever while pregnant with Mrs. W.,

bottle fed, didn't walk until 18 months old, never robust. Usual children's diseases, pneumonia and scarlet fever in the spring of 1913; last menstruation August 7, 1913; felt life December 13, 1913.

Nausea and vomiting were severe until the persistently retroverted pregnant uterus, through posture and other treatment, was freed from below the promontory and arose into the abdomen.

Symptoms—Physical exertion requires great effort and leaves her weak and exhausted, unable to assume responsibility of household duties, persistent headache, insomnia, fitted with glasses in November without relief from the migraine.

Examination, January 9, 1914—Small, undersized woman, toxico-anemic in appearance with drawn expression, muscles flabby, circulation sluggish with a blowing sound heard before first heart note, loudest at apex, blood pressure 122.

Fundus to umbilicus, fetal heart sounds 140 in right lower quadrant, pelvic measurements indicate a generally contracted flat pelvis.

Urinary examinations were frequently made, showing a steady decrease of function, albumin and casts increasing.

Repeated blood examination showed a persistent leucocytosis 26850, polymorph. 73, large mononuclears 11, eosinophiles 3, basophiles 2 (count of 500), hemoglobin 80%, red cells 4,928,000.

May 29th, one month after delivery, leucocytes 15800, poly. 78, large mono. 15, small mono. 6, and eosinophiles 1.

The blood pressure (see chart) shows an interesting curve, growing persistently higher as pregnancy developed, although patient was confined in bed and received the usual and approved treatment under the personal supervision of Dr. Graves.

Operation April 24, 1914—Gas anesthesia, administered by Dr. T. E. Costain, 8 a. m. Blood pressure 156, temp. 98.6, pulse 76, resp. 18, wt. 95 lbs., patient having lost 13 pounds since January 9th.

A 5-inch incision was made with umbilicus as the midpoint, fetus delivered in 70 seconds, the uterine wound was closed with an intermuscular submucous continuous suture, chromic No. 2, returning to starting point and tying, burying one knot. A seromuscular continuous suture, chromic No. 2, was simi-

# BLOOD PRESSURE CHART.

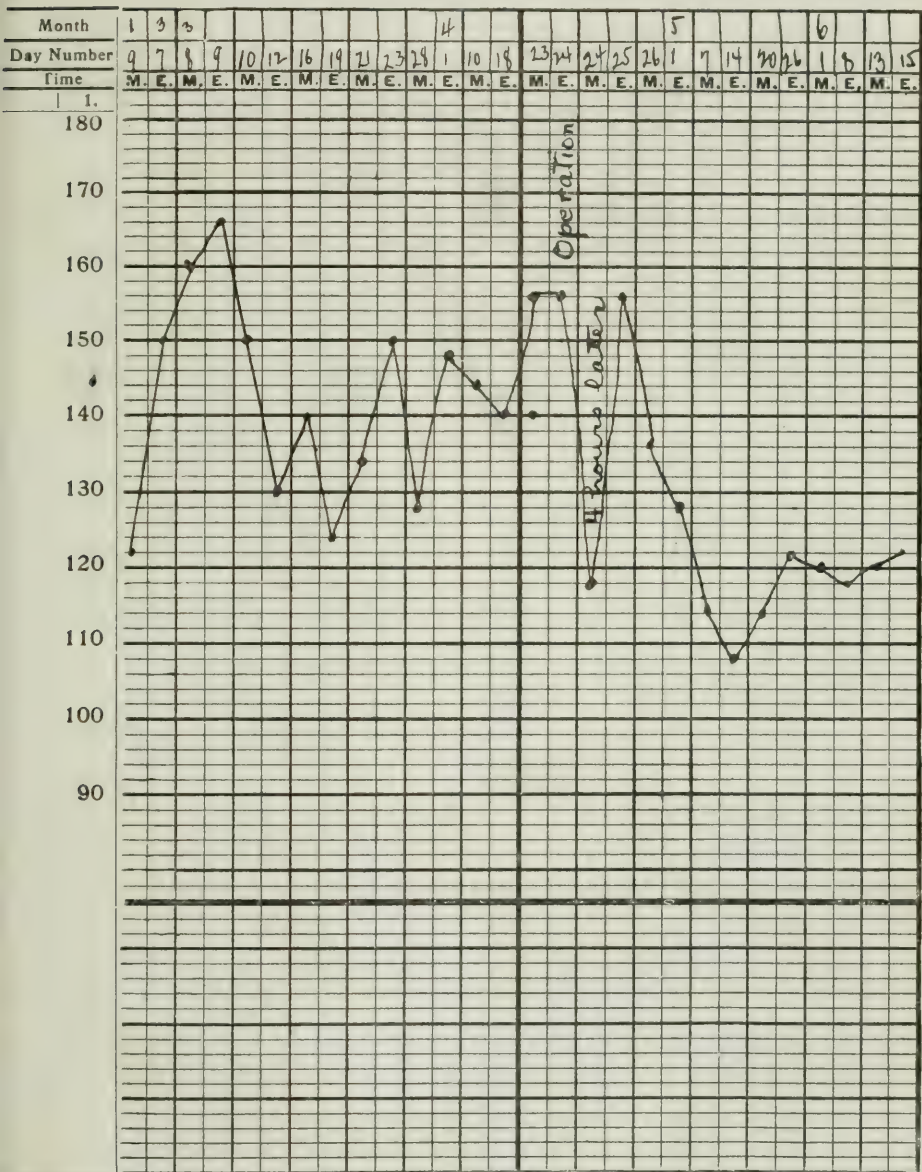
Name: Mrs. E. C. W.

Doctor: R. E. Graves, Attending Physician.

PARENCHYMATOUS NEPHRITIS.

Diagnosis: Secondary Endocarditis.

Case No. \_\_\_\_\_



larly used, giving lacing effect in appearance, and tied at the starting point, leaving one knot in abdominal cavity.

Patient fully awake 21 minutes after gas was commenced and 15 minutes later drank a cup of hot soda water. Pulse 80, blood pressure 118, no vomiting or nausea, convalescence from operation uneventful, breasts filled but slightly, requiring no attention, wet nurse employed.

June 15th, blood pressure 122, a few pus cells are still found in the urine, no tube casts, leucocytes 13200, poly. 80, large mono. 7, small mono. 12, eosinophiles 1.

Patient walks about the house and yard, motors daily and is making a splendid recovery.

#### **The lessons to be drawn from these citations are:**

First case—The attending man made early diagnosis and acted accordingly.

Second case—The physician absolutely ignored the history of the patient's previous labors.

Third case—Every border-line primipara should be given a full test of labor. This was done. Meantime prepare to interfere according to the exigencies of the case, at the hospital if possible; proper equipment and capable assistance.

Fourth case—This woman might be a martyr could her neglect of herself be used as a warning and example to all her relatives, friends and acquaintances.

Her physician is an up-to-the-minute man, none better, but he could have discharged her when she refused to obey and to follow his instructions.

Fifth case—An increasing nephritis and a failing heart, with the approaching full term, and a rising blood pressure are, we believe, indications for Cesarean section, with gas anesthesia, that the patient may be saved the ravages of labor, especially in the presence of a cephalo-pelvic disproportion and a muscular insufficiency.

#### **Conclusions**

1. The cephalo-pelvic equation should be ascertained in every case approaching full term or in labor. It is easy of accomplishment by the Monro-Kerr modification of the Muehlar method (i. e. forcing the head into the pelvic inlet from above, preferably under anesthesia, gas or first stage of chloroform).

2. Pelvimetry should be practiced upon every primipara and upon those multiparae who give a history of a difficult labor or indicate the growth of a large fetus.

3. In this period in medicine, when so much attention is given to the history in making a diagnosis and outlining treatment, when there are so many approved methods for determining the cephalo-pelvic equation, muscular efficiency and psychic equilibrium, it is almost criminal carelessness to lose either the mother or babe or be a factor in maintaining the present relatively high morbidity and mortality.

4. Midwives can employ "watchful expectancy," an intelligent physician should be preparing for the emergency.

5. Just keep these two axioms ever in your mind and treat

Every pregnant woman, as though she were  
a pathologic woman; and

Every obstetrical case as though it were  
a surgical case.

Then your lamentable dystocias will rapidly disappear.

122 So. Michigan Blvd.

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**A Cold Day:** A merchant in a Wisconsin town who had a Swedish clerk sent him out to do some collecting. When he returned from an unsuccessful trip he reported:

"Yim Yonson say he vill pay ven he sells him hogs. Yim Oleson, he vill pay ven he sell him wheat, and Bill Pack say he vill pay in Yanuary."

"Well," said the boss, "that's the first time Bill ever set a date to pay. Did he really say he would pay in Yanuary?"

"Vell, aye tank so. He say it ban a damn cold day ven you get that money. I tank that ban in Yanuary."

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**A Side-Light on "Mildred, aged 4":** "Fifteen in all, and eight I never so much as heard whimper. Just little dead things that lay cold on my breast till they took them away and buried them. My husband he drink more and more. Now he make \$15 a week, but little we see of it. Last Sunday I get up early and my man was not home. All morning I wait. At noon I go to the grocery and ask to be trusted for something to eat. The grocery man shake his head and say, 'No, your man would not pay me.' So I go home and me and the children have between us one loaf of bread and some water. Oh, yes, my life is hard, but then others have it worsen me. Only I wonder sometimes for what I marry. Would I not be better now if I have no husban?"—*Chicago Daily News*, Monday, July 20, 1914.

## REPORT OF COUNCIL ON MEDICAL EDUCATION\*

By George Royal, M. D., Des Moines, Ia., Chairman

*Mr. President, Members of the Institute:* For the first time during the years that I have been a member of this Council, do I stand before you with any real satisfaction in making my report. Owing to the fact that the Institute at its session in Denver, last year, endorsed the action of the Trustees, advocated by the President, Dr. Hinsdale, placing all the propagandistic and educational work of the Institute in the hands of the Council on Medical Education for a period of five years, your Council has been able to promulgate and initiate a program which has shown gratifying results. Among the benefits of this five-year term of activity are the following:

*First*, it has been a great deal easier for us to go to the homœopathic profession and the laity and secure pledges, because we could show them *what* we were going to do with the money.

*Second*, it has been much easier to interest business men, because we could show them *how* we were going to spend their money.

*Third*, it has been easier to approach the philanthropists and get at their hearts, because we could give them a glimpse at least of the happiness that they were going to procure by giving us the privilege of spending their money.

### Some of the Details of the Work

The first which we wish to mention is the completion of the work that had been previously begun, in regard to inspection of our medical colleges. Details as to apparatus, buildings, conditions, faculty, etc., have been accumulated, put in pamphlet form, and the pamphlet sent to the members of all State Boards of Medical Examiners, and members of the faculties of our Colleges. We have had very gratifying reports, indeed, from them.

*Second* is the News Letter. We have secured here and there items for this News Letter, that are of interest to the homœopathic profession, containing the word Homœopathy, Hahnemann, or something of that kind. We sent this News Letter to one thousand newspapers. We also sent it to a

\*By request placed in juxtaposition to Dr. Copeland's paper on Effective Teaching in Our Colleges.

thousand homœopathic physicians, asking them to take it to their editors, have the insertion made, and a clipping from the paper sent back to us. This has also brought very gratifying results; we think the physicians have responded quite cordially in this respect.

*Third* is the work with the students. We have sent out letters, and also our literature to the students of the senior classes in colleges giving B. S. and B. A. degrees. We held out to them the inducements the study of medicine, especially homœopathic medicine, offered and we have received quite a number of responses, stating that the writers expected to study medicine. Ninety-six of these have been tabulated, and their names and addresses have been sent to the Deans, or Secretaries, or both, of the homœopathic colleges of the country.

Right in line with this work I want to ask the assistance of the entire Institute membership. We want to make Dr. Copeland's paper a part of our report, or at least publish it side by side with our report, so that you may know the two most important factors in securing the advancement of homœopathy. We want your assistance along this line in getting this material of ours before the students of your colleges in your own home town, and your assistance in the work of the Council in endeavoring to place our teaching institutions on a secure basis to receive these students.

*Fourth*, the beginning of hospital inspection and hospital grading. I think perhaps a word of explanation is necessary. The College Alliance, as you know, has advocated that one year of hospital work be put into the curriculum. It has become a necessity for a graduate to have at least one year of hospital experience before a license is granted. It will be necessary, therefore, to have hospitals to which we can send our graduates, knowing that they will secure good training, and return to us at the end of the year prepared for their diplomas. For the above reason we have thought it wise to make a beginning of hospital inspection, and Dr. Sawyer, our special member, was put in charge of this work. He sent out a circular letter asking certain questions in regard to records, internes, beds, etc., so that you who have charge of these hospitals might be able to express yourselves to us as you see yourselves. After we have gotten your picture as you took it,

we will come and take your picture for ourselves. By so doing we hope to secure a composite picture which should indicate to us the suitability of a given hospital to receive and train our properly educated men and women for medical practice.

Our object is to get statistics which are reliable, statistics which will enable us to make a comparison between the results of homœopathic and allopathic treatment.

### Hospital Requirements

The requisites for a hospital to be in Class A should be, in our opinion, the following:

- (1) Purely homœopathic in management and treatment.
- (2) Records kept in such a way as to show:
  - (a) Number of patients in hospital at beginning of fiscal year.
  - (b) Number of patients admitted during fiscal year.
  - (c) Total number treated during year.
  - (d) Number discharged cured.
  - (e) Number discharged improved.
  - (f) Number discharged unimproved, transferred or not treated.
  - (g) Number died.
  - (h) Number remaining in hospital at end of fiscal year.
  - (i) Total.

("c" and "i" should agree.)
- (3) There should be a hospital interne or house physician for every hospital of 50 beds and one additional interne or house physician for every added 50 beds.
- (4) The homœopathic pharmacy should be kept in proper condition and not in contact with strong smelling drugs or surgical solutions and dressings.

Class B. We have listed in this class temporarily the institutions that can comply with Class A, but whose records are faulty. With a little care they could be easily placed in Class A.

Class C. Institutions that are mixed in treatment and management. They cannot be utilized for propagandistic or

educational purposes since the results of homœopathic treatment cannot be clearly determined. We want records that we can utilize. "You cannot serve two masters."

Another class is the nondescript institutions. For instance, one institution has been discontinued, but will resume in a short time. We have six of these.

Only a few of our hospitals have sent us in complete reports.

In the hospitals of Class A which furnished us reports sufficiently accurate from which to get statistics of value, we found that 38,869 patients were treated during the last fiscal year with a mortality percentage averaging 5.6, and a percentage of cures of 60.7, which we consider a remarkably good showing.

### Colleges

The next and most important work of the year is what we have designated as the Kansas City and Ohio work. In the territory of Kansas City there lies a large field rich in possibilities for homœopathy. From that growing Southwest again and again has the cry come up for homœopathic physicians; for assistance in teaching institutions and hospitals. The cry has been constant. To meet the demand there were at one time two colleges in Kansas City. There is now one college in Kansas City. For the past ten years Kansas City has graduated ten or twelve students a year to meet this large demand. There is another element also which is peculiar to Kansas City, and that is, the people of this large territory not only want physicians, but they want physicians from among their own people, they want their own sons and daughters to graduate and take up their work among them. The feeling down there cannot be compared with the feeling existing in any other section of the country.

For some reasons, which we are not going to mention, this College has been losing ground. They have not been able to meet the demands which the Council on Medical Education have made on them in many respects. Last December word came to your Council that unless something was done to rehabilitate the college its doors would be closed at the end of the college year. We at once got busy, got into communication with the Dean and other friends of the College. At

the midwinter meeting in Chicago your Council was represented by the Secretary and Chairman. President Wilcox brought with him a friend from Boston. There were representatives from all the colleges of the country. We held a conference. It was clear that the best interests of homœopathy demanded that something be done to save the Kansas City College. Your Council has always been of the opinion that every link taken out of the chain of colleges reduces the strength of the chain, and that welding could never make that chain as strong as before. We were ready, therefore, to go to work in Kansas City. After several conferences with Mr. Arthur Warren Smith, we sent Mr. Smith to Kansas City with these instructions: First, to determine whether the actual situation and the prospects warrant any effort making worth while any considerable expenditure to rehabilitate the existing College; second, in case the cause is worth while, to determine what plan or scheme can be suggested to guarantee the success of such an enterprise.

In order to ascertain the facts we further formulated these suggestions: (1) the relationship with the majority of the other doctors, that is, the homœopathic physicians of Kansas City and vicinity; (2) the conditions of homœopathy as related to the prospective college; (3) the character and status of medical education in that vicinity; (4) the minute details concerning the college and hospital in Kansas City, or we might say colleges, because the trustees of the other college must be interviewed, and everything gotten out of the way, so that there would be no complications between them; (5) the phases in Kansas City which would have a bearing on this problem, that is, the student situation, the probable sources of financial assistance for the specific movement, whether the difficulties and situations were encouraging or discouraging toward the saving of the College; the views of all the doctors no matter what the point of view or personal interest.

Those were the instructions. Mr. Smith went down to Kansas City and went to work on the problems. His salary was \$200 per month and expenses. At the end of a month I went down, having previously had reports from Mr. Smith every two or three days. I found that we had a united homœopathic profession in Kansas City and Missouri, united as it has not

been united since I have known anything of Missouri, and that has been twenty-two years. Mr. Smith had interviewed and negotiated with the trustees, who had a special interest in the old College, and secured a release, legally, from them so that everything could be cleared away, and we could have a good title for the future college.

At the time of my visit in Kansas City I was met at the station by one of the oldest and most active men. He had been informed that our money had been expended, and he told me that he had six hundred dollars in his pocket that he would give toward the continuation of this work by Mr. Smith. Only three of the Kansas City physicians have failed to give their hearty co-operation to the enterprise. At Kansas City I had a talk with many friends, who said never had they been impressed as Mr. Smith had impressed them with the possibilities growing out of this movement. I asked our colleague, Dr. B. F. Bailey, to make inquiries, and his report was to the same effect. We have also learned that Kansas City is waking up to the fact that in educational matters and philanthropic matters, they are far behind what they are in commercial matters. Every obstacle has been cleared away and a corporation organized. We feel that Mr. Smith's work has been eminently satisfactory. He has gone fully and carefully into all detail, has created intelligent enthusiasm and prepared the way to success.

### The Ohio Situation

For years the Cleveland-Pulte college has been looking forward for an opportunity to secure University affiliations. The opportunity presented itself last winter when the Legislature voted to add medicine to the University. Our friend, Dr. Sawyer, who is ever watchful, and Dr. Baxter, two members of the Council, sent word at once. These men went to work at once. They got the officers of the State Society together, and men from outside the state. They interviewed members of the Legislature, the Trustees of the University, and did everything possible to take advantage of the opportunity which had come to us. Now as to the result of these conferences. They had one of the largest meetings of the Ohio Homœopathic Medical Society last month that they ever had. We will sum up briefly the situation as it appears today:

In the first place the Ohio State University Trustees voted to add to its colleges the Homœopathic College of the Ohio State University. The University has five thousand students. We come right in as a college, standing shoulder to shoulder with the other colleges of the University, and are a part of this great institution. I would just like to ask you to consider what this means. It means the bringing of our homœopathic students in contact with the students of law, dentistry, science, engineering, farming, etc., and allowing them to get acquainted. We are to have a Dean, six Professors, and six assistant Professors. Anatomy, physiology, chemistry, etc., are to be University studies, taught by the University. The Board of Trustees, especially the President, are heartily and cordially back of the movement, as well as the Governor of the State and other high officials.

I want to say that the financial end of this has been very well looked after. There is a man now in the field, organizing and preparing the proper curriculum, looking for professors and assistants, and sending out literature so that we may get students.

This college is taken under such conditions and terms that the old Pulte and old Cleveland colleges retain their rights, and the new mother will be the Alma Mater of the graduates of these two institutions. Drs. Sawyer, Wood, Hinsdale, and Keiser have thrown themselves into this work to secure the legislative part of it, and now you men and women, graduates of those two colleges, it is up to you to put in your best endeavors from now until September, so that in addition to something like thirty or forty students from the Cleveland College, you can put in one hundred more when the doors open next September.

The curriculum is being prepared, and men are being selected. Much of this work is under Dr. Hinsdale's guidance, who was selected as the special representative of the Council. He is today in Columbus doing this very work, and that is the reason he is not here. He is spending his vacation there because he is a graduate of one of these colleges, and he wants to make the matter a success. That is the Ohio situation. Dr. Hinsdale being a son of Ohio, a graduate of two of Ohio's best institutions, whose heart has always been in his native state, in addition to his work in Ann Arbor, has gone down to

Ohio again and again, and consulted and advised, and said "Come on, boys." His work is in Michigan, but for the love of the old college he has done that again and again, and because of his level-headedness, because of his far-reaching sight, he has been a power in assisting the officers of the Ohio State Society and your Council as well.

This report has been made to the Trustees, and adopted by the Trustees, and by authority of the Trustees, we suggest:

(1) That Dr. Sawyer, with Dr. Baxter for our Council, have charge of the situation in Ohio.

(2) That Arthur Warren Smith be employed to resume his labors in Kansas City, and complete his work.

(3) That Hospital inspection and Society matters be carried out under the direction of Dr. Sawyer, and the work pushed during the coming year. This entire work is for the benefit of homœopathy, and we want the statistics for comparison.

(4) Finally, a State survey. Dr. Hinsdale has sent out letters in the State of Michigan, asking some such questions as these: What office do you hold, if any? What are your relations, and what about your editor, as related to homœopathy? In this way we have been able to tabulate the publishers and editors of journals, and those interested in other institutions. We hope to do the same in every state in the Union.

Just a word as to the college work. We expect to continue the work as in the past, only more thoroughly. We wish we could in some way get our colleges together, so that we could defy the powers that say what we must and what we cannot do, and say what we will do, and that will be to do as we please.

We could give you statistics in regard to colleges, but all the reports are not in. Just a few expressions along the line. Dr. Sutherland says, "The largest graduating class in a decade." We are doing something in New York,—(and if I blow my horn a little here you will excuse me, as New York is my Alma Mater) the largest number of students, a new hospital and more to follow. Dean Copeland says, "Three hundred and fifty-five students, one-third of all the homœopathic students in the country." The Woman's College of New York has been reorganized, has a new dean and is doing excellent work.

Hahnemann of Philadelphia has also elected a new dean, an enthusiastic, brilliant young man. These new deans ought to rear many students for homœopathy in their respective colleges. The Ohio College I have already mentioned. Ann Arbor is tearing down the old and is erecting newer and larger buildings. Dean Cobb says of Hahnemann of Chicago "The largest freshman class in years." Iowa has the promise of an addition to her hospital. Kansas City is full of hope. Hahnemann of the Pacific is still looked after by James W. Ward. I can add nothing to strengthen that statement.

## EFFECTIVE TEACHING IN OUR COLLEGES

By Royal S. Copeland, A. M., M. D., New York

A few months ago one of our leading journals printed an article on the Teaching of Homœopathy. The following extracts are taken from that production:

"Under existing legal and educational conditions a college teaching general medicine should not try to teach homœopathy."

"Homœopathy has no standing under the law. Introduced into the curriculum of a college compelled to teach general medicine, it immediately becomes an element of discord, an interloper. Harmony and progress under such conditions are impossible. In the contest which follows, homœopathy invariably goes to the wall, fighting for existence, and unable to do more than barely save her life. Fortunate, indeed, is it that she has, thus far, been able to do even that.

"Homœopathy must stand alone. A homœopathic college must become in fact what it is in theory and name, a **College of Homœopathy—and of nothing else.**"

"The student of medicine must get his education in general medicine in colleges organized for teaching general medicine and nothing else. He must give his undivided attention to that great task until it is completed. He must comply with existing laws regulating medical education in order to get his license to practice. The requirements of those laws are so exacting and so extensive that his strength and ability will be taxed to their utmost to fulfill them in the required period."

"The student of homœopathy, like the student of general medicine, must also be able to give his undivided attention to the subject in hand, undisturbed by controversy, by hampering

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\* Read before the Bureau of Homœopathy, A. I. H., Atlantic City, June, 1914.

conditions, by lack of interest and sympathy in himself or his teachers, or by lack of harmony among the members of his faculty. He must bring to his work a genuine interest in and desire for the truth as it is in homœopathy. He must, and will come to the postgraduate school of homœopathy and its methods. To such a school he will come intelligently, and when homœopathy is presented to him adequately, theoretically and practically, by teachers who are competent for their work and thoroughly imbued with the true spirit of homœopathy, he will be able to appreciate what is taught him. Students coming under such conditions will be teachable. They will almost educate themselves. They will require only intelligent and sympathetic guidance."

"In no other practical way can the necessary conditions be fulfilled save in the establishment of postgraduate schools of homœopathy. And these are necessary if homœopathy is to survive in its integrity; for homœopathy as an institution is doomed to extinction unless it takes measures to check the general degeneration and demoralization in its ranks. Legally, it is practically extinct now, as a result, not only of its own internal decay and disorder, but of a deliberate and far-sighted policy of extinction, pursued systematically by the American Medical Association and other allopathic forces for many years past."

"Little by little, political and educational restrictions and exactions have been increased until already we find ourselves almost helpless, and the end is not yet. Some of our colleges have already succumbed. Others will soon follow. It is freely predicted by those in a position to judge, that in a few years, probably less than five, only three homœopathic colleges will remain."

"What then are our students to do? Where may an education in homœopathy be obtained? How are our ranks to be recruited? Is homœopathy to become extinct?

"The future looks dark, but to the eye of faith it was never brighter. A new day is beginning to dawn. Homœopathic education, in all its essential features, will revert to the methods of the early days, under Hahnemann, Hering and Lippe, typified in Hahnemann's school in Leipsic and later in the Philadelphia Postgraduate School of Homœopathy, organized by Dr. Kent.

"Personal instruction by preceptors will again come into its own. Students will be indoctrinated in homœopathy before they enter college. Postgraduate schools of homœopathy will be established and open their doors to willing, intelligent and qualified seekers after a true education.

"Young men, graduates of recognized colleges of general medicine, and some older physicians who have fulfilled all legal requirements, and are free to choose what methods of therapeutics they will follow, will come and fill their modest halls.

They will be taught the pure principles and practical methods of accepted and authentic homœopathy by men who are competent teachers and worthy followers of him whose name we all delight to honor and 'the last days will be better than the first.'"

To my mind this is arrant nonsense. I love the man who said all this, but it would seem to me just as sensible to attempt to make Baptists by sending the prospective theologian to a Unitarian church for four years and expecting a system of special training for one year to counteract the alleged false teachings thus indoctrinated. He has not eyes to see nor ears to hear who fails to appreciate the relationship between our colleges and the influence of homœopathy in any state or country.

In Great Britain, with forty millions of people, there are but two hundred and twenty-seven homœopathic physicians. In Germany, where homœopathy was born a century and a quarter ago, there are but three hundred and thirty-one practitioners. There are no homœopathic colleges in Great Britain and Germany. In marked contrast to our weakness in Europe is the condition in India and America. In these countries there are many colleges of our kind of medicine, and, what seems to be the natural result, there are multitudes of homœopathic practitioners and millions of homœopathic patrons. Methodism has never seemed to be weak and struggling, yet there are as many homœopathic doctors in the United States as there are Methodist preachers,—about fifteen thousand. In New York and vicinity alone there are nearly a thousand. In Boston, Philadelphia, Chicago, wherever our colleges are found, homœopathy is influential and popular. Every person who is interested in the perpetuity of the homœopathic practice should be interested in the continued existence and the prosperity of the homœopathic colleges.

It is doubtless true that the curriculum of the average medical college is crowded with what to the undergraduate student is nothing but worthless stuff. In my opinion, medical education has suffered because of the rapid growth in the number and supposed importance of the specialties. What a rapidly developing science is medicine! In the evolution, we have added countless hours to the schedule. When we made, in New York, a review of our curriculum two or three years ago, we found that the senior student had 60 hours in ophthal-

mology, 60 hours in dermatology, 60 hours in otology, 60 hours in rhinology, etc., etc. We were trying to make a composite specialist, instead of the old-fashioned, all-round, general practitioner.

This is all wrong; let us trim and prune the schedule and then there will be time for the right sort of instruction in homœopathic materia medica and homœopathic therapeutics. The criticism of the writer I quoted in beginning is just in that we do not drill the student sufficiently in the important part of our teaching, his homœopathy. In contriteness of heart I confess we have longed for the flesh pots and have been too prone to wander after the alluring and tempting wonder-workers of modern medicine, forgetful of our main business, the healing of the sick by Hahnemann's method of therapeutic procedure, as Dr. Krauss so often tells us, by "cure through symptomsimilarity."

Personally, I am sick and tired of hearing, "Homœopathy has done nothing for general medicine," "Homœopathy has made no discoveries in surgery, no advances in bacteriology, no contributions to sanitation," etc., etc. Why should homœopathy do any of these things? Homœopathy is not a system of medicine; there is no such thing as homœopathic surgery; except in the most casual way, homœopathy, as such, has nothing to do with the laboratories or with sanitation.

It is understood, of course, that the physician, of whatever school, knows medicine, surgery, the laboratory teachings, sanitary science, etc., etc., and while these things are all taught, it is not the function of the homœopathic college to emphasize these common possessions of all students and practitioners. *It is the duty and the one duty of the homœopathic college to teach and apply homœopathy.* If the institution is rich enough and fortunate enough to be able to do original work, it should not, in my opinion, spend its money blindly following the methods of research laboratories, dog-surgery, or investigation of rare and interesting diseases. I fear we have had no program; we have drifted along, following the lines of least resistance. I have been just as guilty as anybody, but, in common with many that I have conversed with in Atlantic City during the past twenty-four hours, I have reformed. Hereafter, every dollar I can control, outside of the necessary expenditure for the most modern and adequate sci-

entific training, every dollar will be spent for the advancement of our knowledge of the homœopathic method of cure.

Because we are homœopaths we are here, and because of our belief in the homœopathic method we have our colleges. Our business is homœopathy and our function is to train men in homœopathy. Let us do it!

When we adopt this program we shall have the students, and Heaven knows we need them. Last year we graduated 195 men. During that same year 165 homœopathic physicians died. We must support our colleges and turn out trained physicians to fill up the ranks and to push out the boundaries of our possessions. We may discuss—and with propriety discuss—the standards of our colleges. We may advocate higher standards, changed standards, or the same standards, but the compelling and dominating fact is that no matter what their standards, the hope of the future lies in the perpetuity of the homœopathic colleges. The obliteration of any one of these fountain heads means that the stream of homœopathic progress must become that much smaller. The destruction of all the colleges would leave a result much less uncertain than attaches to Roosevelt's "River of Doubt." There can be no doubt at all that without colleges homœopathy as a distinct and commanding institution would cease to exist. A truth cannot be lost and a fact in nature cannot be set aside, but there can be no gainsaying the statement that the dissemination of a truth depends upon the number of its witnesses. To have such advocates we must have places for their education, and to so educate them the colleges must be maintained.

The surest guarantee of our future lies in the support of our educational institutions. In my opinion, the man who would advocate closing the colleges is tremendously short-sighted or else a traitor to the cause. If the former, we should pray with him, labor with him, and stay with him, till he is converted; if the latter, we should banish him forever from our councils and strike him from our friendships.

We may not be pleased with the administration of this or that college. We may feel that its teachings are weak or defective. We may deplore its failure to present homœopathy as we understand it. We may criticise it for its lack of scientific instruction. If we are displeased and our displeasure is

well founded, it is certainly our duty to make every effort to correct inherent defects. But, my friends, should we not see that every one of these colleges of ours must live and thrive! No college should be permitted to die until every sacrifice has been made to keep it alive. This much we owe to homœopathy. Let it not be said that such a death came from the blow of a friend. On the contrary, let us bend every energy towards the upbuilding and betterment of our colleges. Thus will homœopathy live and thrive!

### Discussion

*James Krauss, M. D., Boston:* The paper of Dr. Copeland's ought not to pass without discussion. He has admitted that in his ideas of teaching he was reformed in twenty-four hours. It may be the same or a continuation of that important reformation that began with Luther and Erasmus in the 15th century. If Doctor Copeland has reformed to the extent he admitted in twenty-four hours, there is a chance for him to increase his reformatory product, and while I am no teacher in any college, I am prepared to submit a proposition which, if Dr. Copeland will carry it out in his college, will make his college the finest institution of learning in the world. Neither our schools nor our hospitals are here for private or public exploitation. They are here for the education of medical men, and for the treatment of patients, and everything else is extraneous. In order to get the best results in teaching, we must remember that we must have the teaching process before us as a synthetic process—not as an analytic process. The investigator analyzes, the teacher synthesizes, and to synthesize the knowledge of medicine to produce medical individuals, we must take the general parts of medicine as the fundament, and build upon that general fundament the special subjects of medicine. I submit that in this twentieth century of ours the manner of teaching that has been going on heretofore will have to be changed. The subjects of anatomy and histology, of physiology, of pathology, and of therapeutics, the only four general subjects there are in the study of medicine, ought to be taught by men prepared (and I want to emphasize the word "prepared") to give them so that these subjects will serve as the general fundaments for the practice of medicine; but when these general subjects are given, the special subjects of medicine ought to be given by specialists, and only by specialists. It is a mistake to think, because medical students are not to be made into specialists by the ordinary four years' course of medicine, that men in general practice are the best fitted to teach them. They are not. The man who knows his special field in all of its relation-

ship to the general field of medicine, knows how much a student must have in order to enable him to construct for himself the natural process in medical practice—to enable him to find for himself the disease process on one hand and the remedial process on the other hand. Only by such synthetic teaching whereby the school will be able to hold the teacher responsible for the best utilization of all the teaching material there is, can we hope to make good students of medicine. It is a mistake to think that with our material at hand we cannot have good schools of medicine. The failure lies in the fact that we do not utilize our material. In order to be able to utilize the material, we must have men who know how to utilize it. To investigate is one thing, to teach is another thing.

I heartily agree with Dr. Copeland's proposition. If he goes one step further, I believe we shall have the beginning of the making of homœopathic schools that will have to be countenanced by any man in medicine.

**Serum Therapy and Light Therapy:** This is pre-eminently the day of serum therapy, and while very much that is good has been accomplished by these measures in certain cases, yet the evidence of their inadequacy where other measures would have served a better purpose indicate the want of wisdom in their employment by those who should be authorities in the matter.

During the past year there have been numerous cases of local septic infection, some in physicians, in which the antistreptococcic serum has been entirely inadequate; whereas if it had been fully appreciated, as it should be at this time by the profession at large, that dry heat applied to the whole limb properly wrapped and employing temperatures of 450° to 500° F. would arrest the process in every case, these valuable lives would have been saved.

The employment of various serums in the treatment of exophthalmic goiter which are proving absolutely inadequate should be condemned, in lieu of the fact that Roentgen ray inhibition will in every case arrest the ravages of hyperthyroidism.

The medical profession are slow to grasp the importance of the x-ray, electricity, and light therapy in the treatment of the whole range of infected conditions. These agents are tried, demonstrated, and published sufficiently to render their general introduction and adoption the duty of the profession. Why the tendency should prevail against their introduction and adoption is a reflection upon the intelligence and scientific earnestness of those who essay to lead the profession, in neglecting to seek all of the best means of curing disease.—*Jour. Adv. Ther.*, July, 1914.

## A CASE OF HEART MASSAGE THROUGH THE DIAPHRAGM AFTER APPARENT DEATH

### —RECOVERY\*

By James C. Wood, A. M., M. D., F. A. C. S., Cleveland, O.

Patient aet. 40. Referred by Dr. G. J. Damon of Medina, Ohio. Neurotic family history. Extremely nervous and melancholic. Marked anemia from excessive loss of blood (red blood count 3,500,000, hemoglobin 65); indigestion, constipation, mucous stools, etc. On my first examination some weeks previous to the first operation she was so sensitive and nervous that a thorough bimanual without an anesthetic was impossible. Under chloroform on the morning of April 21, 1910, I could not find any serious abdominal or pelvic trouble. The cervix was, however, badly lacerated, more or less enlarged and the pelvic floor relaxed, although the sphincter ani was exceedingly tight. I therefore did a curettage, applied iodine to the endometrium, repaired the cervix, built up the pelvic floor by the flap splitting method, dilated the rectum thoroughly and removed several papillae.

Convalescence from this operation was somewhat tedious, but for two years she was much improved in every way. Then the menorrhagia returned and in December of 1912 she again reported to me. Examination revealed a fibroid the size of a fetal head pressing upon the bladder, giving rise to a good deal of dysuria. Her nervousness had returned. She has had a great deal of family trouble, separating from her husband and having to assume the responsibility of the care and support of three children. Heart and lung sounds normal. Urinary examination negative. Vagina and cervix in good shape.

On December 19, 1912, I operated for the second time before the senior class of the Cleveland-Pulte Medical College. Chloroform-ether anesthesia. Long median incision. Supravaginal amputation of the uterus, the ovaries being left behind, as they were normal. The ligature applied to the left uterine artery slipped and the deep bleeding was controlled with much difficulty. All raw areas covered with peritoneum. Appendix explored and found normal, and therefore was not disturbed.

Immediately after the amputation of the uterus, the patient

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\*Read before the Surgical and Gynecological Society, A. I. H., 1914.

stopped breathing, the pulse disappeared from both the wrists and the neck, the pupils dilated, the skin became blanched, and to all appearances the patient was dead. All ordinary means of resuscitation—whipping the heart through the thorax, artificial respiration, divulsion of the rectum, etc., were resorted to for approximately three minutes without avail. I therefore carried my hand into the upper abdomen, grasped the heart with the right hand and with the left hand over the precordia massaged it somewhat vigorously for at least two or three minutes before any pulsation was detected. Then a peculiar thrill was felt which in a few seconds developed into regular pulsations. I completed the operation without further difficulty and closed the abdomen in the usual way, the patient being removed from the table somewhat exsanguinated, but otherwise in good shape. Her convalescence, because of her nervous condition, was again somewhat tedious, but she reported to me on April 27, 1914, and is in excellent shape.

**Comments.** Schliff in 1874, was, I believe, the first to suggest cardiac massage in animals, but it was not until 1898 that it was applied to man. Since that time scattering cases have been reported in the literature. Laboratory workers have for a long time been familiar with the extraordinary power of the heart to resume its function after death, providing certain physical conditions existed. Some of the pioneer workers along this line were Kuliabko, Locke and Spina. While the methods utilized in laboratory experimentation proved most successful in lower animals, they were not applied with equal success in human subjects. Cockovic in a series of 46 cases (quoted by Frazier, *Journal A. M. A.*, May 20, 1911) reports the results in 17 cases as positive and in 29 as negative. Of the former in only nine was the effect permanent. The other patients survived from five to twenty-seven hours. Thus there were only twenty per cent of successes.

There are three methods of applying cardiac massage—direct, transdiaphragmatic and subdiaphragmatic. There seems to be a general consensus of opinion that the subdiaphragmatic, because of its simplicity and higher percentage of recoveries, is the preferable route, except perhaps in children, whose thoracic walls are elastic, in whom it is possible to massage the heart without opening either the thorax or the abdomen.

I am reporting this case for the purpose of reminding the abdominal surgeon of another method of resuscitation available in extreme cases. I should not hesitate after my experience to open the upper abdomen for the purpose of applying it. My experience, of course, is too limited to emphasize the exact technic of massage. I should say, however, that the heart should not be squeezed more than twenty times a minutes. I am reporting the case, too, to call attention to the fact that in many cases of menorrhagia where a physical examination fails to detect the presence of a fibroid, there may be fibroids present, too small to be recognized, growing toward the endometrium and which are responsible for the bleeding. I have in mind a number of cases in which physical examination failed to reveal any abnormality so far as the size of the uterus was concerned, but subsequently there developed a fibroid, oftener of the submucous variety, which was unquestionably responsible for the primary bleeding. These cases improve for a time after the application of the curette for the reason that the hemorrhage proceeds from the endometrium and not from the tumor, the curettage overcoming the endometritis for the time being. The hemorrhage recurs as the tumor impinges more and more upon the endometrium, giving rise to endometritis.

It must not be forgotten in all cases of menorrhagia where the curette is applied for diagnostic purposes that a negative report so far as malignancy is concerned does not necessarily mean the absence of malignancy. If the hemorrhage recurs in spite of a thorough application of the curette, it means something radically wrong and the case should be carefully watched. Not infrequently some constitutional bias, notably syphilis, is responsible for its recurrence. If with the hemorrhage the patient is rapidly losing flesh, a second exploration under anesthesia should always be made, and if the symptoms are in any way suspicious, especially if the patient is approaching the so-called cancerous age, the entire uterus should be removed. All this presupposes that intelligent internal medication has been applied.

## INFLAMMATION OF THE VERUMONTANUM\*

### An Etiological Factor in Sexual Impotency and Neurasthenia

By E. Russell Sprague, M. D., Syracuse, N. Y.

When the Chairman of this Bureau wrote me asking for a paper, I hesitated whether I could present a paper, which would be of sufficient interest to repay you for the time I consume in reading it and the time you give in listening. But in view of a recent talk with him relative to forming a bureau of this type for the mutual benefit of members of the New York State Homœopathic Society, who are interested in genito-urinary diseases, I feel that I should make every effort possible towards strengthening a bureau of this type in the homœopathic school and try to present a subject of interest to you all. I have, therefore, decided to speak of a class of cases, apparently not generally recognized as suffering from a distinct disease, a study of which class has been a source of very careful research on my own behalf. Knowing that neurasthenia is a nerve irritation or caused by it, and, when the sexual element exists, as shown by the loss of sexual power, we naturally infer that the source of irritation lies somewhere along the urinary tract. Interrogation usually brings out the fact that the irritation is along the lower urinary tract and presumably along the urethra. By such deductions we trace the source of irritation to an area near the penoscrotal junction, and the neurasthenia, as it exists, augmented by loss of sexual power, attracts our attention a little farther along the canal to the posterior urethra; knowing that the source of sexual irritation presumably lies in the posterior urethra, with the point of the greatest intensity in the verumontanum, we naturally look for trouble in that particular elevation of the posterior urethra as the source of irritation and the primary cause of the neurasthenia. With this theory as the basis of my investigation, I beg to give you after a few preliminary remarks, a partial report of my experience in the management and treatment of sexual impotency and neurasthenia in the male, and the part played by the inflammation of the verumontanum, as an etiological factor.

In reviewing literature, I find practically nothing on the subject, probably because it may not be considered a definite

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\*Read before the Bureau of Genito-Urinary Diseases, A. I. H., 1914.

disease,—yet to my mind of sufficient importance to be recognized as such—but a few valuable articles and reprints have given me hints for the treatment of this class of cases. My experience is therefore based upon cases suffering primarily with loss of sexual power and the neurasthenia as a secondary complication. Some of these cases were apparently healthy in every respect, as their picture of health seemed to verify, while others were to the contrary and presented a pitiable picture of anguish and mental suffering. To illustrate this former condition, permit me to digress from my subject for a moment to present the following history:

Mr. B., aet. 42, gardener, married, father of three healthy children. This man, a full blooded and rosy cheeked individual, was sent to me giving a history of discomfort about the neck of his bladder, with some burning, especially, on urination. Personal history shows that three years ago he had an attack of renal colic, followed the next day with cutting and smarting along the urethra while urinating. This symptom presented itself twice. A cystoscopic examination failed to reveal a stone or any foreign substance. At present his sexual function is markedly deficient; venereal history, negative; sexual history, moderate.

Examination through the Swinburne posterior urethroscope, showed a swollen and bleeding verumontanum. Local applications, twice a week for a few treatments, of silver nitrate grs. xx to the ounce of water, and the liberal dosage of thuja lx, cleared the case, and the sexual functions returned to normal, or, as the patient expressed it, "far better than before."

Here we had a red faced man working from sunrise to sunset, every day, Sunday included, developing a loss of sexual power and restlessness at night. In the beginning he hesitated about telling of his sexual weakness, but I finally got it out of him, and his mental attitude, when I did find out, convinced me that he was fast developing the usual neurasthenia, but treatment headed it off. I report this case to show how misleading outward appearances are and how we should look deeper for hidden causes of ailments.

What etiological factors have we to consider in this class of cases? Gonorrhea, primarily? Yes! Over-indulgence in sexual intercourse, producing congestion in the posterior urethra, or perhaps ungratified sexual desires, or the abomin-

able habit of "coitus interruptus," which may lead to masturbation, finally producing the above-mentioned posterior urethral congestion and inflammation of the verumontanum. Habitual constipation, with its associated conditions of intestinal fermentation, imperfect metabolism, oxaluria, indicanuria or what not, which tend to localize congestion in the posterior urethra primarily, which becomes aggravated by the passage of irritating urine. Secondarily, dragging testicles, from a badly relaxed scrotum, will aid, I am thoroughly convinced, in helping to produce the posterior urethral congestion. From the symptomatology we have loss of sexual power, with cold and relaxed organs; physical exhaustion following intercourse and nocturnal emissions or premature ejaculation. Pain on urination may be present or not, but when not present we have a sense of weight and discomfort about the neck of the bladder. Aching in either or both groins, sacral backache, some frequency of urination, more marked at night, soreness of the prostate and posterior urethra, especially in the badly ulcerated verumontanum. On the other hand I have found some cases who present no symptoms to the examining finger in the rectum; lastly, profound neurasthenia, especially sexual, in the advanced cases.

I cannot do better than to cite a few cases which will more readily present the various phases of this condition as I have met it and which will permit you to associate the symptoms with the individual case. I have selected my cases regardless of case number, so as to furnish you the best illustration.

*Case 1.* Mr. H., aet. 42, Shortsville, N. Y., merchant, married, referred by Dr. R. C. Scott, Syracuse; to restore his sexual powers. Six months ago, previous to consulting me, he noticed his erections "going dead." Erections usually accompanied by dreams. When coitus was attempted ejaculation occurred and the organ became inactive, followed by physical exhaustion.

Venereal history, negative. Sexual history, excessive at times. Family history, negative. Personal history, nervous, with a wild, disturbed look about the eyes, easily worried about business matters, even to little things, which previously had little effect on him, urine loaded with phosphates at times. Pain on urination shown only by slight burning at the neck of the bladder; discharge, none; character of urination,

good; meatus, small; testicles, sensitive; prostate slightly sensitive, but not enlarged.

Urethroscopy.—Anterior urethra, red in spots; posterior, congested, especially the verumontanum, with an eroded area near the anterior portion.

Repeated applications of silver nitrate, grs. xx to oz., thuja ix internally and instillations of protargol 2% once a week cured this man, and at the last report (March) he was still well and "good for something."

*Case 2.* Mr. S., aet. 24, Waterloo, N. Y., blacksmith, single, referred by Dr. C. T. Ostrander, with a persistent mucopurulent discharge which has persisted for three months. Patient also suffering with a loss of sexual power.

Family history, negative; sexual history, excessive at times, other times ungratified. Personal history, six months previous, had an attack of gonorrhea, with the discharge still remaining. Slide examination by Gram stain, showed few true gonococci, but abundance of pseudogonococci, which under further examination by the pathologist at the local medical college proved to be micrococci catarrhalis. Pain on urination, slight, mostly posterior; urination good, meatus large, testicles and epididymi normal, prostate sensitive and slightly enlarged.

Urethroscopy. Anterior urethra, eroded in two spots; posterior, bleeding from the instrumentation, and a very badly congested and bleeding verumontanum. Applications directly to the verumontanum of silver nitrate, followed by the high frequency current through the rectal insulated prostatic electrode, to the posterior urethra, followed by irrigation and instillation of protargol 2%, cured this boy in three months.

*Case 3.* Mr. W., aet. 40, Syracuse, merchant, widower of six months, came to me by reference, complaining of pain and soreness around the neck of his bladder, aggravated at times of erections. Admitted ungratified sexual desires, with at times some masturbation. Had been very active sexually during the life of his wife. Now very nervous and unable to sleep at night and subject to nocturnal emissions. Urine loaded with phosphates.

Family history, negative; sexual history, excessive as above mentioned; venereal history, gonorrhea at 18 years of age and a very severe attack. Personal history, pain on urina-

tion slight, but at times aggravated; discharge none; meatus large; testicles, normal; epididymis, hard and separated, same condition on both sides, evidently from the involvement during the previous severe attack of gonorrhea; scrotum, relaxed; prostate, sensitive and hard; seminal vesicles, apparently normal.

Urethroscopy. Anterior urethra, normal, except near the triangular ligament, where congestion began; posterior, inflamed, especially the verumontanum, which was eroded on its summit. The usual treatment restored this man to health.

*Case 4.* Mr. M., aet. 43, Syracuse, mechanic, married, referred with a history of loss of sexual power. This man had been the rounds of neurologists and general practitioners for four years and nothing had been done for him, in fact, the last man to see him told him "it was all in his head." He had erotic dreams at night, and could not sleep; twitched in his sleep and at times would cry out; appetite gone and belching of gas, which did not taste of the food; a sense of weakness in the pit of the stomach; frequent urination at night, especially when awake, and the longer awake the more he had to urinate. Was continually constipated and always conscious of a lump somewhere about the neck of the bladder. This symptom continued even after the lower bowel was emptied. Premature ejaculation when coitus was attempted. Organ cold and relaxed. When the penis was out for urination, he would rub it to get it warm, an excuse for a form of masturbation, as he obtained some satisfaction from this procedure.

Family history, negative; sexual history, ungratified desires (early objection by wife), personal history, gonorrhea 18 years of age, and has not felt right since and at times so nervous "that he would shake for days, as if he had a chill." Meatus, large; testicles and epididymi, normal; prostate, right lobe hard and enlarged, left lobe sensitive; scrotum, relaxed and cold.

Urethroscopy. Anterior urethra, normal, except near the triangular ligament, where there was some congestion; posterior urethra, very badly inflamed and a bleeding and ulcerating verumontanum. The usual applications to the verumontanum, high frequency current, protargol instillations once a week, with the internal administration of *nux vomica* and *thuja*, and phosphagon t. i. d., cold ablutions of the penis and

scrotum each morning have helped this man and when I saw him two weeks ago he was improving and feeling fine.

I have other cases which I might report as of interest to you, but I have taken considerable time in reporting these cases, so will not burden you with a recital of any more. All of these cases showed a degree of neurasthenia varying from the mild form to the more severe, and most all cleared up under the treatment I have outlined, and have remained cured. As to treatment, I will speak briefly, as I have outlined it pretty thoroughly in the previous cases. I have tried various applications, from caustics, cauterants and stimulants to the indicated remedy, to confine myself finally to the application of silver nitrate, grs. xx, to oz. of water; copper sulphate in glycerine, 2%; iodine ʒij in glycerin ʒj. These I apply by means of an applicator and cotton directly to the diseased verumontanum and the selection is determined by the condition I find and the results of each treatment.

As a preliminary, I always have the patient urinate into the three glasses, followed by a warm water irrigation. Before leaving the office, generally five minutes after the local application, I instill into the deep urethra, by means of an Ashcraft tip and syringe, protargol 2%, and request the patient to retain it as long as possible. After the instillation, I wash the anterior urethra with warm boric acid solution, using a glass urethral syringe, avoiding pressure. Occasionally I use the high frequency current, through a prostatic electrode, giving a treatment of from three to ten minutes' duration, and when applied I usually get very satisfactory results. Cold ablutions of the scrotum and penis, as well as of the perineum, each morning, materially aid in reducing the congestion and stimulate the reproductive organs. Sleeping in a cold room, on a hard mattress and with little covering, is strongly advised. Calisthenics in the morning after the ablutions and deep breathing of fresh air help tone up the body and strengthen the nervous system. Daily evacuation of the bowels, either by saline laxatives or regulation of diet, is absolutely essential for the relief of intestinal stasis, and complication therefrom.

Lastly, but not least, is the practice of the Alexander method of bladder gymnastics, combined with the liberal administration of the indicated remedy. I do not hesitate to

prescribe a urinary antiseptic, whenever I want such action, and in using it I prefer a formula of my own containing formin (Merck's) grs. ijss.; potassium citrate grs. jss.; lithium carb. grs. j. These I prescribe with a full glass of water t. i. d. Sanmetto is prescribed to stimulate and tone up the sexual sphere if necessary. Occasionally when sexual stimulation is necessary yohimbinum gtts. x (1%) every four hours. In a majority of cases I get very satisfactory results, and in others, I frankly confess, somewhat discouraging, as the neurasthenia persists after the healing of the urethral lesion, and such cases need psychological influences, a change of climate and surroundings. From the cases I have had and the histories presented, I am firmly convinced that conclusive evidence has been presented for me to make the assertion that practically two-thirds of the cases of neurasthenia, in the male, are caused from an inflammation in the posterior urethra with its point of greatest intensity in the verumontanum, and relieving this inflammation, by local treatments and *not* by the internal remedy alone, we can assure our patient relief from his loss of sexual power and neurasthenia. These latter facts I have tried to impress on the general practitioner and urge the early reference of such cases to the specialist who is equipped and experienced in the treatment of urethral lesions.

I admit it is somewhat preposterous to dictate to a neurologist how he shall treat his neurasthenic cases, but I am so thoroughly convinced of my convictions that it gives me courage to tell him that his male neurasthenic should be treated in conjunction with the urologist, in order to procure the most gratifying results to his patient.

The Physicians Building, Rooms 320-321.

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**The Reality and Practicability of Idealism:** Immanent idealism lies at the root of the visible world, and constitutes its true and deeper nature. . . . That which above all else gives to this idealistic cult the convincing stamp of reality is that, through the putting forth of spiritual activity against the natural bent, there rises into view an essentially new life, a realm of spiritual values,—the world of the good, the beautiful and the true.—*Eucken*.

## PREVENTIVE MEDICINE IN PRIVATE PRACTICE —THE FAMILY PHYSICIAN\*

By Edwin Lightner Nesbit, M. D., Bryn Mawr, Penna.

The Practice of Medicine has crossed the broad page of history by a tortuous zig-zag course. It is like a track that might have been made by the point of a delicately adjusted pendulum, hung from the very zenith of space, and silently but ceaselessly swinging through countless arcs of time.

With the shock of each new idea the pendulum-point has stopped, wavered in its course and then swung forward in the direction of this latest impulse, to an extent determined only by the force of the impact. Forward, then backward, again and again, each succeeding tangent-swing less eccentric than the previous one and each new sweep of the pendulum really less "extreme" than it first appeared to be.

Though the pendulum-point passes over devious ways, the center of its swing moves slowly but certainly forward. At times this movement has been almost imperceptible, at others most apparent. Before we are really aware of the fact "the vagaries of cranks and enthusiasts" have become the accepted order of the day.

So, in the course of events, we find ourselves now in the midst of another most interesting and significant phase of this world-old transit of medicine.

In the impending conflict with diseases every nation, state, city, town and countryside may have "a moral equivalent for war." The medical profession has gone upon the housetops and into the pulpits of the land. A holy crusade for the *conservation of human life* is on.

"In sympathy with the economic spirit of the times," the Twentieth Century calls upon the medical profession to devise ways and means not only to cure diseases and to prevent them incidentally, in a negative sort of way, but *to steadily raise to its highest possible level the physical, mental and moral tone of every community by the constructive conservation of the health and efficiency of its every constituent individual.*

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\*Address of the Chairman, Bureau of Clinical Medicine, Atlantic City, June 30, 1914.

### Divisions of Medical Service

For this gigantic enterprise the medical profession now has two main divisions of service, research and practice. From a sociologic viewpoint this active service may be otherwise divided into "group" and "unit" practice. The first is represented by the public health officer and the semipublic institutional doctor; the second by the private physician and the specialist.

Group practice implies a communal or collective attack upon diseases as they affect individuals in the aggregate. The second term means a close range, hand to hand personal encounter with human illness; a battle with disease and death in concrete human form by the individual private physician.

Without detracting in the least from the complemental usefulness of the group doctor within certain definite fields of preventive and educational activity, it is the purpose of the discussion which follows to emphasize the peculiar qualifications of the private physician to perform not only curative service to the individual but to play a most important preventive and constructive part in the social welfare of the community and the family unit at the same time; *provided* the public's attitude toward him and his professional service to the community and the individual is somewhat readjusted.

### Adaptability of Unit Practice

In its final analysis every disease has its origin in an individual; i. e., *every case of concrete illness is personal and particular*. Personal health is likewise individual and has a particularity and uniqueness which must be taken cognizance of. The futility of attempting to treat all subjects alike is as apparent for measures to promote health as it is for combating diseases. Social and economic backgrounds alone make every individual problem unique. From the advanced position of conserving the personal health and efficiency of the individual no agency of the medical service can possibly occupy the vantage ground of the private practitioner, who acts in a preventive and constructive capacity. The preventive principle is as sound for the comparatively small, compact and intimate social unit, the family, as it can possibly be for the school, the factory, or the store. In application it is more practicable and far-reaching.

### The Private Physician a Public Health Officer

Up to the present time, the general public has failed to appreciate that the *licensed* private physician is, by that fact alone, as much a responsible officer of the State as any group functionary can possibly be. Both his professional training and his moral responsibility should make him *an integral part* of the Public Health Service; and this legal responsibility should entitle him to assist in formulating and in enforcing local Health Regulations. His authority should be equal to his responsibility. *The way to make Health Regulations effective is to make the responsibility of the private physician immediate and authoritative.* In steadily building up the machinery of an enormous *duplicate* Health Service, it does not seem to have occurred to our various Boards of Medical Education and Licensure and to our Commissioners of Health that *in every licensed physician in the state and nation they have one trained and responsible (deputized) health officer* whose professional vocation keeps him or her "on the firing line" day and night. Hence, when a licensed physician, who is professionally and morally responsible for the public welfare, is compelled to delegate (to some supernumerary digit of the Public Health Service) the authority to isolate or release from quarantine a patient he is already treating for a contagious disease instead of immediately declaring or lifting a quarantine himself, it is not only an insult to the intelligence and integrity of the medical profession but a costly alternative to the public. On the other hand, if every private physician were provided with a block of comparatively small and inconspicuous official stickers, which as a deputy of the public health service he should be required to sign and post at the entrance of a house *immediately upon suspicion of a contagious disease*, with full authority to remove it again as soon as the public menace was past, it would serve every possible purpose of the present conspicuous pest-cards, posted 24 to 72 hours after the diagnosis has been "reported" and removed in ten days to two weeks after the patient is up and about. *The efficiency of our public health service is often impaired by its cumbersome machinery.*

### Medicine a Science or Philosophy.

In a review of the Evolution of Medicine, one distinguished writer shows his personal opinion of how it originated by the following introductory phrases: "Like other departments of philosophy, medicine began with an age of wonder. The accidents of disease and the features of death aroused surprise and stimulated interest, and a beginning was made when man first asked in astonishment, 'Why should these things be?' Surrounded everywhere by mysteries, he projected his own personality into the world about him, and peopled heaven and earth with powers responsible alike for good and evil, powers propitiated by sacrifices and placated by prayers. Satisfying the inborn longing of the human mind for an explanation, these celestial creatures of his handiwork presided over every action of his life. For countless ages man regarded disease as a manifestation of these powers; the evil eye and the demoniacal possession, the murrain on the cattle, the sickness that destroyeth in the noon-day had alike a supernatural origin."

This review of the forces concerned in the origin and progress of medicine is artlessly self-descriptive of the professional attitude toward diseases of a certain scholarly type of medical man versed in the natural history of diseases pre-eminently, from their bacteriologic or chemic causes to their final tissue changes. With a superior air of calm detachment from all personal considerations, these medical naturalists are apt to contemplate "the accidents of disease" and scrutinize "the features of death" in an abstract sort of way. They consider themselves devotees of the science of medicine. Hence, they become research men and lend themselves most naturally to the various forms of public or group practice rather than to the private or unit types. Whether they be high or low in the ranks of the profession, medical "scientists" are particularly prone to seek for cure-alls for all diseases.

### Medicine an Art or Craft.

Now there is another type of medical mind which tacitly holds that the practice of medicine is an art or craft; a learned and skilled craft, they prefer to think, working with the raw materials collected by many collateral sciences, but a craft none the less for that. To them it seems more probable that, in its earliest times, pain and fear, rather than surprise and

interest, prompted men to act rather than to speculate; to *do* something, anything, in fact, to escape suffering. For, even down to the present time this primal instinctive fear of disease and death determines the mental attitude and tinctures the medical practice of the orthodox layman and the regular physician.

The medical craftsman is more apt to be individualistic in disposition and utilitarian in practice. With a certain proud consciousness that he belongs to an ancient and honorable guild of learned craftsmen, he is naturally more inclined to the private or unit form of professional service. He seems to feel that, in the strictest meaning of the words, the practice of medicine can never be an exact science, whatever the theories of diseases may be; and, that it must continue to be, as it has been in the past, only an applied science or an art.

*For, in the practical treatment of human beings, there are no constant factors.* No two human beings are identical in health nor can be, therefore, when diseased. And again, in spite of the fact that they have received the same (?) standard preliminary and technical training, no two physicians either are exactly alike.

There is a variable factor, *the personal equation*, which enters into every particular problem of human illness. There are two personal equations in every concrete illness, the patient and the physician. This axiomatic personal equation must never be lost sight of when we are devising any system of medical practice or forecasting a type of future practitioner. The term physician itself signifies an idea variable to many minds. It implies a personal conception of what each physician knows he ought to be, and what each of his patients thinks he is. Thus, in a professional sense, your doctor may "not believe much in medicine" or he may be "a very successful prescriber"; or, again, he may "never use drugs at all." Personally, he may be "very dignified" and "always professional" or "cheerful" and "so sympathetic." He may be "always so well dressed" and "simply rushed to death"; or he may be "kind to the poor" and "very conscientious"; etc., etc.

We have dwelt upon these two mental attitudes of the professional mind, purposely, even at some length, in order to lead up to a phase of practice and a type of physician, as yet novel, who will eventually come to be recognized as ex-

emplifying the best characteristics of the medical naturalist and the medical craftsman.

So, whether medicine shall finally be defined as a science or as an art; or whether it had its beginnings in a primitive scientific philosophy or as a kind of crude individualistic art, the essential fact remains that superstition, religion, philosophy, tradition, craft ethics and commercialism, no less than pure science, have affected its development from the first and have always played their respective parts in producing its innumerable types of practitioners. And, in spite of the eternal disposition to mediocratize the medical mind by the machinery of official statute-standards and by oblique codes of "regular (craft) ethics," it is perhaps fortunate that these *elemental human factors* in every walk of life will always operate to save to the profession as a body enough of this personal equation to sensitize it to some new ideas. For, after oscillating many times between one extreme position and the next, these tangent-notions do actually make for progress.

### Motive Conceptions of Medical Practice

The first motive conception of all medical practice was *curative*. It found expression in many forms of crude individualistic arts; whether by sacrifices, or by prayers, or by blood-lettings and purgings. These early conceptions of diseases personified human illnesses as disease-devils, and then proceeded to make fierce onslaughts upon their unfortunate hosts by emetics and sweatings and purgings in order to rid the harassed victims of these noisome intruders of the doctor's imagination. Correspondingly, by later but less crude procedures, we attacked the microscopic emissaries of these same demons by more or less heroic *anti-septic* and *anti-toxic* measures.

Swinging to and fro many times, the pendulum center has already advanced through many minor phases of this curative stage; forward and backward, again and again, from the disease-flux to the disease-devil idea; from the purely materialistic germ hypothesis to the opposite spiritualistic notion that all diseases are but delusions of the patient's mind.

In the general course no single phase is wholly distinct from the one which preceded or the one which follows it. So, the pendulum now has swung from vigorous *anti-sepsis* to

the opposite pole, a strict *a*-sepsis and bacterial sterilization; and in therapeutics from nihilism and good nursing, a passive attitude, we have started upon a positive phase again, insisting upon vaccinations and preventive immunizations, even by compulsion, if necessary.

Dazed by the number and rapidity of these various tangent-pushes, we have not realized how far ahead *the pendulum-center has actually advanced into the preventive stage* of medical progress. After being side-swung by one chemic or biological or spiritualistic theory of disease after another, we are now caught up by the tremendous social and economic ground swell of our day and are being swept far forward again.

Once more, this pendulum-center is seen to have advanced and we discover ourselves carried rapidly into the next phase of preventive medicine, the *constructive* phase—the Social and Economic Era of our time. As always before, the pendulum point has now been swept far out from plumb; and we have swung from a *negative* social extreme, which was satisfied for many years with the mere custodial care of increasing thousands of hopelessly “unfit” to a *positive* course by the careful segregation of defective women during child bearing age; and from alms houses and penitentiaries for confining poor human misfits to actual preventive statute laws which sanction sterilization of “defectives” and “criminals,” even before we are quite sure, indeed, just who are defective and what crime really is. Again, by legal machinery designed to make physical fitness a *sine que non* for legal marriage, we have started to make love by law, in spite of the fact that love has always had laws of its own. So, from the extremes of this latest push we shall have to swing many times to and fro before another dead center is reached or some newer idea makes the last look moderate by comparison. Conservation is now the order of the day. Eugenics is the catch word of the passing hour. Therefore, since Christian Science has wakened the medical profession to the psychic aspects of disease and Sociology has shown us that there are social backgrounds where the micro-organisms of diseases may lodge and thrive, we are bound to move forward again.

### Wasteful Over-Lapping in the Medical Service.

During this present transition stage we are in the midst of a needless and costly over-lapping of the professional service rendered to the community by the public and the private practitioner. In the first place, there is a noteworthy imbalance between *the moral responsibility* put upon the private physician for the public welfare and *the actual authority* he possesses. This moral responsibility is recognized and established in the advancing standards for preliminary education and for professional training which are enforced by law upon every prospective physician. It is definitely and finally fixed by law by the license he receives *to diagnose and to treat* diseases. By complying with these advancing standards for medical education and licensure, the average general practitioner is better prepared today than ever before to practice his profession. Otherwise, these requirements mean nothing. And, yet, in spite of this better preparation and greater moral responsibility, the contradictory fact remains that the field of actual service of the private physician to the community is being gradually circumscribed and insidiously encroached upon by an increasing number of public and semi-public functionaries, upon the vast majority of whom there are no legal standards imposed and from whom no special fitness is required.

By the steady and insidious expansion of their functions, group agencies like our Departments of Health have become *in fact* Departments of Diseases; starting as *supplemental* forces created to prevent diseases by prophylactic sanitation or community housecleaning-on-a-big scale, they have become in fact agencies for the wholesale and indiscriminate treatment-of-individuals-in-groups by various and sundry official panaceas, administered in the name of public sanitation.(?) In principle, the Public Health service has actually retrogressed from *preventive public sanitation* to a type of thinly disguised "state medicine"—a principle in medical practice to which we do not take kindly in this country.

At the same time essentially collective or group functions like the authoritative study and regulation of housing conditions, food supplies, water pollution, smoke and dust abatement, etc., are curtailed or left to be initiated by voluntary organizations which have neither the resources nor the au-

thority to make thorough investigations. Again, comprehensive studies and campaigns to educate the public to the physical, mental and moral menace of such community enterprises as free (?) hospitals and dispensaries, asylums, prisons, saloons and brothels, or to woman and child labor, etc., are defaulted to supernumerary philanthropies, often only misorganized fads, which must be supported by the public, none the less, in addition to the civic agencies duly constituted for the purpose.

Likewise, the semipublic dispensary and hospital doctor has steadily encroached upon the field once occupied by the private physician, in the guise of "charity." By ill-advised and indiscriminating free (?) treatments, *which always are paid for by somebody*, self-sufficient people are socially demoralized and real philanthropy is defrauded. Much of this loss is sustained indirectly by the private practitioner, while the worthy poor, who need *assistance but not "charity,"* are proportionately unprovided for. However, Sociology has again played its part here in pushing back into "the backgrounds of diseases" and thus reducing this economic waste.

### Fundamental Reasons

During the past few years we have been studiously flexnerized to believe that the ranks of the medical profession were being over-crowded by low-grade doctors. There is a subtle inconsistency in this teaching which must readily appear.

In the first place, if the advancing standards of the past ten years alone mean anything, there has never been a time in the history of this ancient craft when the average doctor has been as *high-grade* as he is today. Never the less, from an economic standpoint, the average physician's income in return for his increased investment, in time and in money, in order to comply with these advanced standards, has never been lower. This, too, in spite of an increase in total population. It would appear then that professional standing will not account for the facts.

While there may be some overcrowding in and about our educational centers and larger cities, the writer believes that overcrowding is in general more apparent than real; and, that *disorganization and over-lapping of the group and the unit divi-*

sions of the medical service are far more responsible for the acute economic situation in private practice.

Now there must be some fundamental reason for this overlapping. There has been much irresponsible talk about medical monopoly in latter days. This is natural from the point of view of the antimonopolist; but it must be recognized that the rank and file of private physicians who feel the economic pressure of the situation are not only those outside the monopoly party. It is felt by all private practitioners. At the same time, as homœopathic physicians we can not fail to note that state and federal group practice is now almost exclusively in the possession of the regular wing of the profession. This is not only true of governmental work, but of school and industrial inspection as well. By supine indifference and myopia, college and private school practice is also almost exclusively "a special preserve" of the traditional school. Nevertheless, the writer believes that we must strike deeper than these considerations of professional politics to reach the root of the matter. Fundamentally, the problem is technical and economic, and not political.

#### Private Practice Behind the Times

In the process of his professional evolution *the private or unit practitioner has failed to adjust himself to the advanced position of the pendulum-center of medical progress*. In spite of his superior sociologic advantages and his better professional training, the average private physician in practice is still dragging along far back in the social-economic procession, *practicing curative medicine and patchwork almost exclusively*; while the group doctor has been engaged ostensibly in the forefront of the column attempting to prevent diseases.

This is largely the private physicians' own fault, for (1) they have not insisted upon being taken seriously by the public as responsible *official* doctors, whose very moral responsibilities entitle them to be recognized as *integral parts of the Public Health Service with legal authority equal to their moral responsibility*; and (2) because they have sat idly watching the construction of an enormous and steadily increasing *duplicate* Public Health Service, which has gradually extended its activities from a prophylactic community-house-cleaning to an awkward and ungainly pubescent state medicine.

In the propaganda for preventive medicine little has been done to educate the public in general to the superior qualifications of private practice for direct and immediate constructive service to the public welfare; accomplished through the close and intimate *personal contact* of these higher-grade men and women whose personal reputations and professional standing make them immediately responsible to the communities in which they practice.

Still insisting upon "doing something" or "taking something" to cure its ills, the public clings to the old idea with singular persistency—calling upon the private physician only to "cure" diseases. Hence, the average layman still places a higher valuation upon potions, or pills, or pressures, or even upon absent treatments than he does upon *personal* expert advice designed to promote his health and to thereby forestall the diseases to which he *personally* may be particularly liable. The same man, who wisely employs an attorney in these days to study his affairs and keep his business out of court, spends neither money nor thought, in advance, to keep his invaluable vital mechanism off the human scrap heap. As yet, there is little call for the private physician to do *constructive* work. He is called upon only to do general repairing and patchwork. With the overlapping of the public and semi-public health service and under the stress of the resultant economic pressure, the individual practitioner is tempted often to resort to unprofessional catch-penny special treatments, which are good for neither public nor profession; and with those whose vital necessity is greater than their moral resistance, there is the final resort to criminal practice for a bare livelihood. Among upper-caste fashionable doctors the old-fashioned familiar "scare" tactics and "nursing" methods are still employed in private practice. For the public still deems that doctor most successful who has the longest visiting list of *sick* people under his care. (The reputation of an army or navy medical corps, which should plume itself upon having the biggest *sick* list would not be so complimentary.)

The dilemma of the private practitioner at the present time, be he skilled expert or only a mediocre craftsman, is shown in the following hypothetical incident: The friendly, intelligent, perhaps scholarly, physician greets a patient on the street with a pleasant, "Good morning. I hope you are well today?" "Yes,

I am glad to say, I haven't had to send for you for a long time!" As men and friends both mean just what they say, but as the exponent of an honorable craft, which an irrational and outworn custom still makes solely dependent upon others' misfortunes for a livelihood and professional success, (?) the physician is bound to mean quite the contrary of his words.

### Safety First

The policy of safety first is as rational for personal health as it is for transportation. But we have not quite come to it yet in private practice. *The public is still spending too much of its money and thought upon wrecking crews and costly apparatus and too little of both upon the signal service.*

In the eternal grinding conflict between health and disease the private physician—the man on the firing line—finally holds the issues of life and death in his hands. Thousands of earnest men and women have spent their lives and staked their futures upon the outcome of these hand-to-hand conflicts with disease and death.

The term "the family physician" is here employed to depict a new type of private practitioner in a strictly social-economic sense. He must be trained to combine the better characteristics of the medical naturalist on one hand and the skilled medical craftsman on the other. He must be recognized as an official constructive agent in private practice. He will be expected to render *a direct and positive constructive service* to the individual and to the community, by a personal service to the ultimate social unit, the family.

This family physician must not be confused with the picturesque character Ian Maclaren has drawn for us so sympathetically in "The Doctor of the Old School." That delightful type has now passed from us beyond recall. Though far removed from him by professional training and methods, the same sterling personal qualifications which he possessed will be in equal demand from his logical successor, the family physician, until such a time as death can be tricked by mechanical devices and life may be purchased in the open market. *Nothing can replace the potential value to the patient of an intimate and authoritative personal contact with an intelligent, skillful and sympathetic private physician.* He or she alone is privileged to enter into the life of any man, woman or child

at the bidding of the one human quality which all men have in common, human suffering. No relationship of human service can be conceived to be more privileged or more potential.

The pendulum will continue to swing over many eccentric and extreme positions, as it always has in the past, but the center of its movement will go steadily and certainly forward.

Unless we shall train a newer type of *constructive private practitioner*, like the family physician, to replace the timeworn *post facto* patchwork doctor, the place of the private physician will be ultimately filled by some further subdivision and extension of the official group-service. The private physician, *a medical advisor to the family, in health as well as in disease*, is the logical type of the time.

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#### AUTOTHERAPY IN THE PREVENTION AND CURE OF PURULENT INFECTIONS

Charles H. Duncan,\* M. D., New York. *The Practitioner*, London—April, 1914:

I believe that spontaneous cure of an infectious disease is due to entrance into the blood-stream of the unmodified toxins, developed in the focus of infection. When this occurs, the power of the blood serum is raised, the activity of the leucocytes stimulated, with the resultant development of specific antibodies.

Autotherapy, or the physician's method of treating the patient, is based upon nature's method of cure, for by autotherapy the patient is inoculated with unmodified toxic substances, elaborated within his own body by the action of the infectious agents upon his body tissues. In autotherapy, the physician simply inoculates the patient with his own unmodified toxin complex, which may be obtained by filtering the pathogenic exudate of the disease through a Berkefeld filter. The bacteria-free filtrate contains all the toxins from all the micro-organisms, both causative and complicated, that are in the focus of infection, and, when this is injected hypodermically, the same thing occurs as when nature cures, namely, the power of the blood serum is raised, and the activity of the leucocytes is stimulated by the action of specific antibodies to overcome, or combat, all the micro-organisms from which the patient suffers.

As more antibodies are developed when toxins are placed in the sub-cutaneous tissues than when they are introduced into the blood stream, and as by auto-inoculating the patient early the physician may often steal a march on the slow natural method of curing the patient, auto-

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\*It is the purpose of Dr. Duncan to go to the Continent to make practical test at the front.—Editor.

therapy has distinct advantages over the natural method of cure. The unmodified toxin complex, therefore, is the ideal therapeutic agent for treating a patient suffering with any localized, and possibly non-localized, infectious disease. Furthermore, my unmodified toxin complex therapy has distinct advantages over any form of vaccine therapy, for the reason that the unmodified toxins are the parent toxins, or set of toxins, that are in the patient's body, the therapeutic value of which is unchanged, or unaltered, by the mechanical process of filtration. On the other hand, every step in the process, through which a vaccine passes in the laboratory during its preparation, alters or changes its therapeutic effect in the tissues. If a vaccine cures, such cure is not because of laboratory manipulation, but in spite of it. There is no certainty of cure with any heterogeneous toxin or set of toxins. Experience for upward of a century clearly proves this. Administration of stock, conglomerate vaccine is shotgun therapy, pure and simple, and is wholly unscientific.

In all acute infections, in which it is possible to obtain the toxins, a speedy cure may be expected. With few exceptions, all chronic infections are benefited more by the autotherapeutic remedy than by any other curative agent. Autotherapy is being used successfully by hundreds of physicians throughout the United States.

The following general rules, for the practical application of the principles that underlie the cures made by autotherapy, are simple and easily carried out. It is within the power of any family physician to test them for himself.

When the pathogenic exudate or end product (or a dilution of the same) of any localized and, possibly, nonlocalized infectious disease is filtered through a Berkefeld filter, and the filtrate injected hypodermically, or placed in comparatively healthy tissues, antibodies, specifically corresponding to the invading micro-organisms and hence to the disease, will tend to be developed.

A corollary to this rule is—

In any extra-alimentary and extrapulmonary localized infectious disease, if the crude pathogenic exudate is placed in the mouth, antibodies specifically corresponding to the infecting micro-organisms, and hence to the disease, will tend to be developed.

Autotherapy cures disease with unmodified substances developed in the patient's body, by the action of the infecting agent on the body tissues. In a previous paper, I stated that the dog, in licking his wounds, gives himself a dose of unmodified autogenous toxins. For this reason, his wounds heal quickly; he never has a bad infection except on the head, where, for anatomical reasons, he cannot lick. Placing pyogenic micro-organisms in the mouth early raises the power of the blood serum, and stimulates the activity of the leucocytes quickly to overcome the invaders.

Too often we hear of physicians and surgeons infecting their hands during an operation or autopsy, and dying from sepsis. If the physician will remember to suck the wound then and there, and afterwards whenever there is irritation in it, there will be no more deaths from this cause, for the wound will heal by first intention. Too great publicity among physicians cannot be given to this simple therapeutic measure. Homely it may appear, but in therapeutic value it surpasses anything that modern medicine or surgery has given us for this condition.

# THE JOURNAL

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## American Institute of Homœopathy

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SARAH M. HOBSON, Ph.B., M.D.

EDITOR

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### EDITORIAL

**The College Alliance.** One of the shortest reports given at the Institute session at Atlantic City was that read when "Report for College Alliance" was called for. The man to give the report wasn't there. He sent a half dozen lines by mail. He was holding down his job in Ohio, working to establish in Columbus a homœopathic medical college as an integral part of the Ohio State University. The report of the Council on Medical Education (page 252) is confirmed by the following editorial from Dr. Hinsdale, who speaks from first-hand knowledge. S. M. H.

**The Homœopathic Medical College of the Ohio State University.** The most important event in the past half-century of medical history occurred upon the evening of August fourth, in Columbus, Ohio. Upon that date the Board of Trustees of the Ohio State University by unanimous vote took the final official step towards establishing the Homœopathic Medical College of Ohio State University. A budget of expenditures for the year was submitted by the committee who had the management of the matter in charge for the profession and was

adopted as submitted. A faculty of six clinical professorships or heads of departments was provided for and the institution is launched as a permanent part and department of a great university. Virtually it is a continuance of Cleveland-Pulte College whose history, though under a new name and under state control, will be uninterrupted.

The trustees and the President of the University are all united with an unusual degree of earnestness in the enterprise.

Throughout the state the spirit of cooperation, the enthusiasm and the expression of good will are universal. The importance to our profession of this new and promising establishment cannot be overestimated. A hospital entirely under the control of the faculty is being prepared, suitable officers and class rooms will be furnished upon the grounds of the University and every facility has been provided for the opening of the College in its new home under its reorganized faculty, the latter to receive salaries adequate to their personal support.

W. B. H.

**Ecology,—A Line of Research for the Physician.** Ecology concerns itself with fundamental biological problems, including all response to environment. It is a new science, but it instantly appeals to the physician as of immense importance. He recognizes that any associations which transform substance and energy into varied physiological response is most helpful in his work. For the physiological necessities in association have as real existence in individuals as have similar necessities in the cells which compose the animal body. Generally speaking physiologists allow for a greater influence of environment than do other students. They are impressed with the dependence of organisms upon their environment. Study of such reaction reinforces this conception.

This new science is presenting biological adaptation as a process rather than as a product. This problem may work out as a separate one from evolution; certainly individual animals must have shown adjusting adaptation, or there could have

been no perpetuation to continue the struggle of adjustment. Ecological problems are likely to raise a question as to the relative importance of adaptation and evolution, if indeed they are separate problems. The present generation has been more deeply impressed by evolution as a process than by adaptation as a process.

From those especially interested in human affairs, such as the sociologist, the physician, the sanitary expert, and the agriculturalist we may ultimately expect a greater appreciation of the associational aspect, because of the social character of human society—that form of animal behavior which has developed into human social relations.

The response of man as an animal to a part or the whole of his environment is strictly ecological.

At the present time biology as a science is mainly in the descriptive stage, although it is slowly but surely becoming explanatory and genetic. The developmental or explanatory method is so different that every possible expedient, observation, comparison, reflection, experiment, must be used to secure the proper developments of the main phases of ecology.

Forbes showed the forecast that has just been reached and how progress is moving along on broad and still broader lines of research: "I cannot too strongly emphasize the fact that a comprehensive survey of our entire natural history is absolutely essential to a good working knowledge of those parts of it which chiefly attract popular attention, that is, its edible fishes, its injurious and beneficial insects and its parasitic plants. Such a survey, however, should not stop with a study of dead forms ending in mere lists and descriptions. To have an applicable value it must treat the life of the region as an organic unit, must study it in action, must direct principal attention to the laws of its activity."

When we consider that the original primeval conditions give us our best conception of normal processes of nature and are comparable to the normal health of an organism it seems

an admirable starting point for the physician. The science of pathology has developed but as a study of the disturbances of normal processes and is interpreted primarily in terms of the normal. All disturbances must be interpreted in terms of this fundamental unit. The physician must have a grounding in the general principles of organic response, response to total environment in order to see that the disturbances due to man are a problem in the adjustment of the highest type of animal. The control of nature for which men strive is the process of making environment and association to order.

Physicians are called upon to deal with members of communities, to recognize certain dominance in individuals. Dominant members of a community correspond to headlines on a stage, the secondary species to the subordinate parts. In all groups of men some individuals are dominants, some used and useful, some are tolerated, others pick up the crumbs, still others are predatory or parasitic. All must be mutually adjusted to one another and to the environment.

Such is the field in which the labors of the physician are cast and such the people he is called to serve. Happy the physician who attempts to know the influences of environment and heroically meets them, to know associational diseases and grapples with them, who can distinguish the external and internal relationship of associated energies, who is first of all wise in all phases of normal existence and inventive in ferreting out departures from the normal. Such activity goes to make up both the work and worth of the physician. E. S. B.

**War and Humanity.** "War is hell." Sherman was right. And there is only one excuse for war: to be facing a worse hell than the savagery of battle. To the simple on-looker, the war looks like a quarrel; the same kind of a quarrel that is being repeated whenever a group or an individual presumes to dictate arbitrarily and to impose his dictum as the only possible solution to a problem; the quarrel that is backed by greed of power, bitter hatred and personal animosity. In the light of

history many wars have had this cause. And it is this conviction which calls forth such a pen picture of the war specter as this in the *Atchison Globe*: "I am War; to me men look for glory and lasting fame, and it is given. . . . I am the Moloch which men worship, although I feed upon their bravest and fairest. Men are my mainstay, young men in the flower of strength preferred. And of the many offered I claim vast numbers for my own, and give back others as maimed and broken creatures, old and helpless before their time."

Whatever the outcome of the war politically, there will be the grim trail of shattered lives and of disease. Increased poverty will fill the dispensaries and hospitals of Europe, and contribute abundant material for postgraduate teaching. The immigrants of the next decade will help fill our dispensaries, hospitals and asylums. The effects of anxiety and of privation, the more remote effects of the death of men fittest to become fathers will be more apparent in the next generation. Not least of all ills will be the contribution to genito-urinary and gynecological surgery, grossly evident among the poor, lyingly veiled in other circles. The wedding day will be postponed because the returned soldier "has incipient Bright's disease," which "can surely be cured in three years;" the same old sins, the same old lies. The one hope is that, inasmuch as the engines of war have become more deadly, the course may be short.

S. M. H.

**The Dean at Ohio State University:** The honors are coming fast to Dr. Claude A. Burrett. Advanced to full professorship in surgery in Michigan University in spring of 1914; president of Michigan State Society, 1914-1915; president of Surgical and Gynecological Society, A. I. H., 1914-1915, and now Dean of the Homœopathic Medical College of the Ohio State University. The entire Institute membership extends congratulations.

## A MESSAGE FROM THE PRESIDENT-ELECT

To the members of the American Institute of Homœopathy, greetings: May the blessings of health, success and prosperity attend you and may your love for homœopathy prompt you to renewed fidelity.

In accepting the office of President, I should be ungrateful if I did not express my appreciation of the great honor; at the same time I am not unmindful of the responsibility it places upon my shoulders. But with your loyal support—much of which is already promised—I shall do all that lies within my ability to carry forward the successful campaign of my worthy predecessor and to keep homœopathy in its proper place before the public.

Time has marked another mile-stone in the history of our society and we are facing a new score. Before we start, let us pause long enough to take account of our working force and see that every man or woman is especially fitted for the place occupied. Every successful general must be supported by the brightest and brainiest in his command. Let us perfect our organization so that nothing except truth can penetrate our ranks. Homœopathy has stood the crucial test that has been given it and today stands unchanged. It will stand the test of experience for the ages to come, as it has grown stronger by use since its discovery.

My absence from the Atlantic City meeting was a great disappointment to me, but I hope we who are still in the ranks may meet next year and make that another banner meeting, for profit and pleasure. With kindest regards and best wishes to each member, believe me

Very cordially yours,

Byron E. Miller,

Portland, Oregon.

President-elect.

## AMERICAN INSTITUTE OF HOMŒOPATHY—MINUTES OF THE BUSINESS SESSION

Second Day, Tuesday, June 30, 1914.

Meeting called to order by President Wilcox.

The Secretary read telegrams of greeting from Dr. Burford of London and from Dr. Manning of San Francisco.

Dr. Youngman, Chairman of the Local Committee, announced the hospitality of Young's pier with its concerts to the ladies of the Institute and their friends; the Meissen registration, and an invitation to a bridge party at the Marlborough-Blenheim; also a tea and a dance at the Atlantic City Yacht club and deep sea sail on Wednesday.

### Action Upon Change of By-Laws.

(a.) Proposed amendment to Article I. of the Constitution from the words "but especially" to read as follows: "To secure general recognition and acceptance of homœopathy as a therapeutic method of symptomsimilarity indicated in medically curable constitutional diseases."

After some discussion, moved by Dr. Copeland, duly seconded, ordered that the consideration of this amendment and the definition of the word homœopathy as presented in Dr. Krauss' paper be referred to a committee consisting of Dr. Krauss, of Boston, Dr. Boericke of San Francisco, Dr. Dewey of Ann Arbor, Dr. Rabe of New York—all German students,—Dr. Whitmarsh of Providence, a classical student; that their conclusions be printed in the Journal of the Institute, thereby enabling the Institute to vote intelligently upon the amendment at the 1915 session.

(b.) Art. VI., Sec. 1, to be amended so as to include "Bureau G. Clinical Research." Dr. Horner out of his experience in arranging Institute programs, called attention to the fact that such amendment would give seven bureaus and four sectional societies, a heavy schedule for a week's work.

Dr. Krauss assumed responsibility for proposing the amendment, in order to give every member an opportunity to report work in clinical research.

On motion, amendment adopted.

(Art. VI., Sec. 1, as amended reads: The following bureaus shall be appointed as hereinafter provided for: a. *Materia Medica and General Therapeutics*; b. *Clinical Medicine and Pathology*; c. *Homœopathy*; d. *Pedology*; e. *Sanitary Science and Public Health*; f. *Dermatology and Genito-Urinary Diseases*; g. *Clinical Research*.

(c.) Art. VII., Sec. 2, paragraph g, to be amended to read: "Council on Medical Education (g) shall consist of six members, two to serve three years, two to serve two years, two to serve one year respectively, and thereafter two to be appointed each year to serve for a period of three years" (The duties of the Council on Medical Education shall remain as at present.)

Dr. Royal opposed the amendment because the present standing committee, under title "Council on Medical Education," was doing satisfactory work; that this committee is made up of five men serving five years, one new member being appointed each year; that this five year period was commended by President Hinsdale and endorsed by the Board of Trustees in order to increase the efficiency of the propagandistic work in medical education.

Dr. Horner asked information on the status of the sixth name now appearing upon this committee.

The Chairman of this standing committee replied that there is a misunderstanding; that the sixth man was put on as a special and is not a member of the Council on Medical Education.

Dr. Costain endorsed the amendment on the score of bringing in a larger number of new workers.

Dr. Bailey commended permanency, rather than change, as a matter of business efficiency.

The motion to amend was lost.

(d) Article X, Sec. 8, lines 1-3, to be amended to read as follows: "Nominations for all elective officers shall be in the hands of the Secretary by 10 a. m. on the third day of each annual session. The election of officers shall take place between 10 and 12 o'clock on the fourth day of each annual session."

After some debate as how best to give time to secure nominations early in the session, and also to clarify the day of election, "second morning of the business session" was substituted for nominations and "third morning" for election.

Motion thus to amend was carried.

(As adopted, Art. X, Sec. 8, lines 1-3, reads: Nominations for all elective officers shall be in the hands of the Secretary by 10 a. m. on the second morning of the annual business session. The election of officers shall take place between 10 and 12 o'clock on the third morning of each annual business session.)

(e) Add to the proposed amendment to the By-Laws, following Article V: "Such arrangement of dues shall be confined in its application to such graduates as shall apply for membership during the year of their graduation. All others shall pay annually the sum of three dollars."

After some discussion by Drs. Costain and Hooker on the ambiguity of this section, on motion this proposed amendment was referred to the Board of Trustees to harmonize the whole section and refer it back to the Institute at a subsequent session.

As a matter of special privilege to the Treasurer, the order of business was suspended by vote of the house that Dr. Smith might give his report.

### Report of the Treasurer

Fellow Members of the American Institute of Homœopathy:

It affords me the greatest pleasure to present to you my annual report, especially as it must be a convincing proof to everybody that Homœopathy is neither dead nor slumbering, because of the fact that I am able to report a larger balance in the treasury than has ever been reported before in the history of the Institute. Every department has a substantial balance, showing that there has been a larger amount of work done in a financial way, than ever before. I think that every one of us should feel happy and take new courage.

I cannot close this report without expressing my appreciation of the loyalty of and of the work done by my assistant, Miss Ethel J. Meyer. No one could possibly have shown greater loyalty to the Institute and its interests than she has done. Too much praise cannot be given her, and I feel that the thanks of the Institute are justly due her for her exceedingly efficient work.

I would respectfully request that Bert B. Clark, M. D., be appointed Treasurer *pro tem.* for the ensuing year.

Respectfully submitted,

Thomas Franklin Smith, Treasurer.

June 26, 1914.

## GENERAL ACCOUNT.

## Receipts.

|                                              |            |
|----------------------------------------------|------------|
| Balance from Old Account .....               | \$1,080.51 |
| By Cash Received from Dues from Members..... | 4,986.43   |
| " " " " Interest on Deposits.....            | 43.44      |
| " " " " Exhibits .....                       | 2,032.00   |
|                                              | <hr/>      |
|                                              | \$8,142.38 |

## Disbursements.

|                                                                                      |            |
|--------------------------------------------------------------------------------------|------------|
| Cash Paid—Services of Stenographers.....                                             | \$ 250.00  |
| " " —Committee on Organization, Registration<br>and Statistics .....                 | 192.75     |
| " " —Press Committee .....                                                           | 3.00       |
| " " —Committee on New Members.....                                                   | 119.35     |
| " " —Board of Trustees, Sundry Expenses....                                          | 309.20     |
| " " —Secretary, Salary .....                                                         | 1,250.00   |
| " " —Secretary, Postage and Sundries.....                                            | 208.30     |
| " " —Treasurer, Expenses of Self and As-<br>sistant to Denver and return.....        | 287.03     |
| " " —Treasurer, Freight on Treasurer's Box<br>to Denver .....                        | 25.29      |
| " " —Treasurer, Postage and Sundries.....                                            | 332.31     |
| " " —Treasurer's Assistant, Services.....                                            | 753.00     |
| " " —American Surety Co., Treasurer's Bond..                                         | 25.00      |
| " " —Exchange on Checks.....                                                         | 11.29      |
| " " —Registrar, Services and Sundries.....                                           | 26.50      |
| " " —Certificates of Membership.....                                                 | 15.00      |
| " " —Binders for the Journals (Transactions)..                                       | 31.50      |
| " " —Sundry Printing .....                                                           | 313.74     |
| " " —Corn Exchange Safe Deposit Co., Rent of<br>Room .....                           | 50.00      |
| " " International Homœopathic Council.....                                           | 100.25     |
| " " Institute Seal .....                                                             | 7.50       |
| " " Exhibits .....                                                                   | 425.62     |
| " " Emergency .....                                                                  | 156.87     |
| " " Transferred to Propagandistic Account—<br>by order of the Board of Trustees..... | 379.13     |
|                                                                                      | <hr/>      |
| Total .....                                                                          | \$5,272.63 |
| Balance to New Account .....                                                         | 2,869.75   |

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\$8,142.38

## JOURNAL ACCOUNT.

## Receipts.

|                                         |            |
|-----------------------------------------|------------|
| Balance from Old Account .....          | \$ 957.23  |
| By Cash Received from Subscribers ..... | 3,396.55   |
| " " " " Advertisements .....            | 3,564.53   |
|                                         | <hr/>      |
|                                         | \$7,918.31 |

**Disbursements.**

|                                                       |                   |
|-------------------------------------------------------|-------------------|
| Cash Paid—Editor's Salary .....                       | \$ 999.96         |
| " " —Editor's Office Expenses .....                   | 1,042.55          |
| " " —Printing of the Journal.....                     | 3,948.48          |
| " " —Sundry Printing .....                            | 50.85             |
| " " —Packing and Shipping Journals to Chicago .....   | 29.68             |
| " " —Press Clipping .....                             | 45.00             |
| " " —Commissions on Advertising .....                 | 945.94            |
| " " —Business Manager, Drawing Acct. — Sundries ..... | 319.83            |
| " " —Emergency .....                                  | 31.06             |
| <b>Total .....</b>                                    | <b>\$7,413.35</b> |
| Balance to New Account .....                          | 504.96            |

**\$7,918.31****PROPAGANDISTIC ACCOUNT.****Receipts.**

|                                     |           |
|-------------------------------------|-----------|
| Balance from Old Account.....       | \$ 284.17 |
| By Cash Received from Pledges ..... | 2,171.98  |
| " " " " News Letter Fund .....      | 4.00      |

**\$2,460.15****Disbursements.**

|                                              |                   |
|----------------------------------------------|-------------------|
| Cash Paid—George Royal, Sundry Expenses..... | \$ 145.81         |
| " " —Willis A. Dewey, Sundry Expenses .....  | 509.79            |
| " " —John B. Garrison, Sundry Expenses.....  | 162.85            |
| " " —W. A. Smith, Services.....              | 750.00            |
| " " —Sundry Printing .....                   | 148.86            |
| <b>Total .....</b>                           | <b>\$1,717.31</b> |
| Balance to New Account .....                 | 742.84            |

**\$2,460.15****ENDOWMENT FUND ACCOUNT.****Receipts.**

|                                     |           |
|-------------------------------------|-----------|
| Balance from Old Account .....      | \$ 349.00 |
| By Cash Received from Pledges ..... | 146.20    |

**\$ 495.20****Disbursements.**

|                                                    |                 |
|----------------------------------------------------|-----------------|
| Cash Paid—J. Richey Horner, Circular Letters ..... | \$ 40.00        |
| " " —J. Richey Horner, Postage .....               | 5.70            |
| <b>Total .....</b>                                 | <b>\$ 45.70</b> |
| Balance to New Account.....                        | 449.50          |

**\$ 495.20**

## TOTAL BALANCES.

|                              |                   |
|------------------------------|-------------------|
| General Account .....        | \$2,869.75        |
| Journal Account .....        | 504.96            |
| Propagandistic Account ..... | 742.84            |
| Total .....                  | <u>\$4,117.55</u> |
| Endowment Fund Account ..... | 449.50            |
| Grand Total Balance.....     | <u>\$4,567.05</u> |

President Wilcox appointed as auditing committee Drs. Baily, Roberts and Mann. Subsequently in the morning session, they presented the following report:

June 30, 1914.

We have this day examined the report of the Treasurer, and find the same true and correct, and recommend that Bert B. Clark, M. D., be appointed Treasurer *pro tem.* for the ensuing year.

(Signed) A. W. Baily,  
D. J. Roberts,  
E. L. Mann,  
Auditing Committee.

(f) Art. X, Sec. 8. To the section referring to the election of officers add the following: "No one elected to an office in the Institute with the exception of the Secretary, the Treasurer and the Registrar, shall be eligible to succeed himself."

Dr. Royal dissented because under such amendment the trustee who had worked in the background and become acquainted with the business could not succeed himself.

Dr. Bailey opposed the amendment on the ground that no business concern would be tied by such a limitation.

Motion to amend was lost.

(g) To amend By-Laws, Art. VII, by adding Sec. 5: "No member shall serve on two standing committees at the same time, nor shall any member holding an elective office be eligible to serve on a standing committee while holding said elective office, nor shall any member whose term on a standing committee has expired be eligible to succeed himself."

Motion to amend was lost.

(h) To amend By-Laws, Art. VII: "Resolved that Paragraph g, Section 2, of Article VII, of the By-Laws, relating to the Council on Medical Education, be abolished."

On motion, the amendment was lost.

(i) Art. VII, Sec. 2, Paragraph d, to be amended "by striking out the paragraph, thereby abolishing the Intercollegiate Committee."

On motion the amendment was adopted, thereby abolishing the Intercollegiate Committee.

(j) By-Laws, Art. VII, Sec. 2, Paragraph b, line 8, to be amended to read: "The Chairman shall have the power to appoint members to fill vacancies from any state failing to elect members, as prescribed by the By-Laws, or in place of any delegates absent from any cause."

On motion, the amendment was adopted.

### **Report of the Transportation Committee**

Dr. T. E. Costain: The Transportation Committee from time to time during the entire winter has carried out a plan of propagandism in the journals in the way of advertising. We succeeded in bringing a train with one hundred people from Chicago through many vicissitudes. We had a very good train. I believe that the plan of advertising from the summer on through the year was productive of much good.

Upon motion, report adopted.

### **Report of the Board of Censors**

Dr. Reily: The Board of Censors presents herewith 163 applications for membership, which have been duly passed upon and posted. We ask your endorsement of the report and that they be favorably acted upon.

Upon motion of Dr. Hooker, duly seconded, 163 thus posted were unanimously voted into membership.

Dr. Reily: Of these 163 applications, 58 are 1914 graduates. I have here another list of 16 which have been received since these were posted. We present them for your action.

Ordered posted.

The Committee on Resolutions reported no resolutions in hand.

In the absence of Dr. Bernstein, there was no report from the Cabinet of One Hundred.

## Report of the Committee on the American College of Surgeons

Dr. Wood:

**Mr. President, Members of the American Institute of Homœopathy:**

When your chairman was notified in April, 1913, that he had been selected by the committee created for that purpose to become a founder member of the prospective College of Surgeons to be organized in the City of Washington on the evening of May 5th, he at once took it upon himself, acting independently of any organization, to write Dr. Franklin H. Martin of Chicago, who had signed the call, a letter commending the spirit of liberality which seemed to govern the founders of the proposed College, and urged that in order to bring the three chief schools of medicine more closely together representation on the Board of Governors and the Board of Regents be given to both the homœopathic and the eclectic schools of medicine. Without knowing that your chairman had taken this step, Dr. De Witt G. Wilcox, now President of the Institute, and Dr. Walter G. Crump, now a member of my committee, personally interviewed Dr. Martin on their way to Denver during June of last year. As a result of my letter and subsequent correspondence, and the interview which Drs. Wilcox and Crump had with Dr. Martin, a special committee was appointed at the Denver meeting of the Institute to look after the interests of the Institute and of the homœopathic school in the organization of the American College of Surgeons. That committee was composed of the following members, Dr. James C. Wood being selected as chairman: Dr. James C. Wood, Dr. C. E. Sawyer, Marion, Ohio; Dr. James W. Ward, San Francisco; Dr. Walter G. Crump, New York City; Dr. Herbert D. Schenck, Brooklyn, Dr. C. E. Kahlke, Chicago, and Dr. De Witt G. Wilcox, Boston. The resolution passed by the American Institute of Homœopathy authorizing the appointment of this committee, reads as follows:

"Resolved: That the American Institute of Homœopathy, with a view to protecting the interests of its members, hereby appoint a committee of seven, of which Dr. De Witt G. Wilcox, the President-elect, shall be a member, and such committee shall contain representatives of the following allied societies: The Surgical and Gynecological Society, the Obstetrical Society, the Ophthalmological, Otological and Laryngological Society, and this Committee shall have power to request and arrange for representation upon the same basis as the various organizations now recognized in the governing body of the American College of Surgeons; said Committee also to act with the Legislative Committee of the American Institute of Homœopathy, to protect the legal rights of our members in the practice of surgery or any of the surgical specialties."

Previously to the appointment of this committee your chairman had a long-drawn-out correspondence with Dr. Martin regarding the justice and the wisdom of giving the homœopathic school representation on the Board of Regents. At the organization of the College some homœopathic physicians were made founder members and

therefore under a subsequent resolution passed by the College became members of the original Board of Governors of five hundred. It is perhaps the fault of the members of the homœopathic school who were made founder members of the organization at that meeting that there was no representation of the homœopathic school on the Board of Regents, inasmuch, so far as I can learn, none of those members was present. I myself was kept at home by serious illness in my family. At any rate Dr. Martin informs me that he thought without question representation would have been given the homœopathic school on the Board of Regents, had any of the men elected to fellowship been present at that meeting.

The correspondence conducted by your chairman and other members of his committee is too prolix to be quoted at this time and I have therefore turned it over to the Secretary of the Institute to be kept on file for future reference, should it be necessary or wise to refer to it. Suffice it to say that your committee has conducted more or less of a campaign of education. When Dr. Martin asked me, before I became chairman of this committee, for the names of representative surgeons of the homœopathic school residing in Boston, New York, Philadelphia, Chicago and San Francisco, I sent him a list of the names of the prominent surgeons of those cities.

The question of recognition of the American Institute of Homœopathy after the complete organization of the College of Surgeons was taken up in detail, and at all times your committee has insisted that the American Institute of Homœopathy is entitled to the same representation, and should be placed upon exactly the same basis as the American Medical Association.

The American College of Surgeons consists of all members of the corporation, such members being designated as Fellows. The management of the College is vested in a Board of Governors, the Board of Governors vesting the details of the management in a Board of Trustees to be known as the Board of Regents. The original Board of Governors consisted of the surgeons invited by the organization committee to serve as Founders of the College and who qualified as Fellows. The members of the first Board of Governors are known as the Founders of the American College of Surgeons. The Board of Regents consists of the President of the Corporation, the General Secretary and Treasurer and twelve members of the Board of Governors elected by the corporation. It was therefore necessary for this committee to conduct its negotiations after the College was fully organized with the Board of Regents. Your committee does not believe that the Board of Regents objected so much to the full recognition of the American Institute of Homœopathy as a National Organization as to the fact that most of its members did not quite understand the full status of the homœopathic school, and its reasons for existence as a distinct organization. It was therefore necessary, as I have already intimated, for your committee to indulge in a campaign of education. It found the members of the Board of Regents at all times

courteous and receptive. As a result of this campaign your chairman received the following letter dated April 18, 1914:

"My Dear Doctor:—I take pleasure in informing you that the Board of Regents of the American College of Surgeons at its last meeting in New York unanimously recommended that the American Institute of Homœopathy be placed on the same basis as the American Medical Association, Clinical Congress of Surgeons of North America and other Societies. By referring to our directory or the circular I sent you recently, you can ascertain definitely what that relation will be. I am quite sure that with the unanimous recommendation of the Board of Regents there will be no difficulty in making the change in the constitution which will be necessary to bring this matter about.

"I am writing this same information to Dr. Wilcox.

"With kind regards, I am, Yours very truly,

"Franklin H. Martin,

"General Secretary."

Article four, section two of the by-laws of the College of Surgeons reads as follows:

"2. The original Board of Governors shall be divided by lot into three classes to serve one, two and three years respectively. At the annual meeting in 1914, and at the annual meeting in each year thereafter, the Fellows of the College shall elect (in a manner to be determined by the Board of Regents) fifty surgeons from among the Fellows of the College to membership on the Board of Governors, each to serve for a term of three years; thirty of these members are to be elected from a list of nominations, consisting of three members each, nominated by the following fifteen surgical associations and societies of North America, and one each from the United States Army and from the United States Navy.

"1. American Medical Association.

"2. Surgical Section of the American Medical Association.

"3. Section on Obstetrics, Gynecology and Abdominal Surgery of the American Medical Association.

"4. General Surgical Division of the Clinical Congress of Surgeons of North America.

"5. Division of Surgical Specialties of the Clinical Congress of Surgeons of North America.

"6. American Gynecological Society.

"7. Southern Surgical and Gynecological Association.

"8. Western Surgical Association.

"9. Section on Surgery of the Canadian Medical Association.

"10. American Association of Obstetricians and Gynecologists.

"11. American Orthopedic Association.

"12. American Association of Genito-Urinary Surgeons.

"13. American Laryngological Association.

"14. American Ophthalmological Society.

"15. American Otological Society.

"Twenty members shall be elected at large to represent surgeons of North America not affiliated with the above societies or associations. In case of failure of any of the above named organizations to make its quota of nominations, or in case of duplication of nominees, the Board of Regents shall nominate members from among the Fellows at large for the vacancies so caused in the list of nominees. The Board of Regents shall in the same manner fill all vacancies in the current membership of the Board of Governors due to death, resignation or other causes."

To the foregoing list of societies will be added the three subsidiary societies of the American Institute of Homœopathy, namely, the Surgical and Gynecological, the Obstetrical Society, and the O., O. & L. Society. It will be incumbent upon these societies to make three nominations each for representation on the Board of Governors. It will be seen by referring to the Article and Section of the by-laws already quoted, that unless the constitution is changed, there will be under the present plan 76 nominations made, from which number but 50 are to be annually selected on the Board of Governors. It is therefore possible that none of the men nominated by the subsidiary societies of the Institute will be made members of the Board of Governors. Your committee, however, believe that it is the intention of the Board of Regents and the American College of Surgeons to deal fairly with the homœopathic school and that the majority of the members of the American College of Surgeons will see to it that we have a fair representation on both the Board of Governors and on the Board of Regents. There will be no vacancy on the Board of Regents before November, 1914, at which time there will be a large number of homœopathic fellows to choose from.

Your committee therefore recommends that the American Institute of Homœopathy pass a resolution endorsing the American College of Surgeons and promising it their hearty and cordial support in promoting the objects and aims of the American College of Surgeons. Its objects and aims are as follows:

"First. It should formulate a minimum standard of requirements which should be possessed by any authorized graduate in medicine who is allowed to perform, independently, surgical operations in general surgery or any of its specialties.

"Second. It should consider the desirability of listing the names of those men who desire to practice surgery and who come under the authorized requirements.

"Third. It should seek the means of legalizing under national, colonial, state, or provincial laws, a distinct degree supplementing the medical degree, which shall be conferred upon physicians possessing the requirements recognized by this law as necessary to be possessed by operating surgeons.

"Fourth. It should seek co-operation with the medical schools of the continent which have the right to confer the degree of M. D. under the present recognized standards, and urge these colleges to confer

a supplementary degree on those of its graduates who have, in addition to their medical course, fulfilled the necessary apprenticeship in surgical hospitals, operative laboratories, and actual operative surgery.

"Fifth. It should authorize and popularize the use of this title by men upon whom it is conferred, and its use should especially be urged in all directories of physicians in order that the laity as well as medical men may distinguish between the men who have been authorized to practice surgery and those who have not."

In conclusion your committee desires to summarize its work up to date as follows:

1. Your committee has succeeded in gaining full recognition of the American Institute of Homœopathy in the organization of the American College of Surgeons.

2. It has nominated for membership in the American College of Surgeons approximately 200 men. The method of making these nominations was as follows: A list of names composed of the members of the three subsidiary societies of the Institute—the Surgical and Gynecological, the Obstetrical, and the O., O. & L. Society was made out by your chairman and sent to the various members of the committee for endorsement or for elimination. Your chairman urged the members of the committee to go over the list most carefully and cautiously, selecting men and women who in the opinion of the committee were entitled to membership in the College. This list was re-submitted whenever it was possible to well known local men in various communities for endorsement or for the purpose of elimination. It will at once be seen that while there seemed no better way than this to get definite information regarding the nominees, it is entirely possible, and indeed probable, that some names were endorsed which should not have been endorsed, and that men and women entitled to membership were overlooked. It was later decided by the Board of Regents that in towns of over 50,000 inhabitants no one not devoting his entire time to an exclusive specialty should be eligible to membership. This has caused many of the names sent in by your committee to be rejected. Your committee is, however, convinced that an equally large number of men of the older school have been rejected for the same reason. As nearly as can be ascertained there were nine homœopathic physicians selected as founder members of the organization and are therefore members of the Board of Governors, and as nearly as can be ascertained at the convocation just closed 72 members of the American Institute were received as Fellows. Many more applications on file will doubtless receive favorable endorsement after a more careful investigation.

Respectfully submitted,

James C. Wood, Chairman.  
De Witt Wilcox.  
Walter Gray Crump,  
Herbert D. Schenck.  
C. E. Sawyer.

After some discussion on the technicalities governing special committees, by Drs. Copeland, Hooker, Horner and Paul, moved and ordered that the rules governing a special committee be suspended, that the action of the committee be endorsed, that the resolutions be acted upon by the Institute body, that the committee be thanked for its efficient labors and be continued with power to deal with further problems in this connection.

Moved by Dr. Wood and ordered that the three affiliated societies, the Surgical and Gynecological, the Obstetrical, and the Ophthalmological, Otological and Laryngological societies be authorized to make three nominations each for members of the Board of Governors of the American College of Surgeons. Out of that number of nine six will be selected.

Dr. Wood: Of course your committee has been up against some pretty hard problems. We have been criticised for the slowness of work done by the American College of Surgeons. We have been criticised for not getting certain men through who are entitled to membership. There is no question but that the work along this line at the present time is slow. In the first place, as to the references given in application 5. If any one of these men given as reference says anything not complimentary to the applicant, the application is laid over for further investigation. There is a secret committee of nine in each state, to whom these applications are referred. In all such work there must be local men who know the conditions. I assure you as chairman, and I know the feelings of the other members, that we shall see to it that we have homœopathic representation on that committee. At the last convocation in Philadelphia the statement was made there were something like eleven or twelve thousand applicants now up to be investigated. Be a little patient. They are having a hard time. With such a large number of names to go over, you can see it has not been an easy thing for the committee to handle. We have an able representative on the committee in Chicago, a man who has done for us splendid work, and I believe we are getting a fair and square deal in the matter all the way through.

[From the recent Announcement issued by the American College of Surgeons, setting forth the history of organization and present membership, in the list of 2,019 members, there are the names of 72 members of the American Institute of Homœopathy. According to states,

they are distributed thus: New York 24, 17 in New York City; Massachusetts 18, 16 in Boston; Illinois 14, 13 in Chicago; Ohio 5; Missouri 4, California, District of Columbia, Kentucky, Nebraska, Pennsylvania, Rhode Island and Wisconsin, one each.—Secretary.]

### Report of the Joint Conference Committee

Dr. Schenck:

At the last meeting of the Institute the following resolutions were unanimously adopted regarding the membership of the Joint Conference Committee and the powers given it to act for the Institute:

*"Resolved,* That the President be requested to appoint a committee of five members to represent the American Institute of Homœopathy in its conference with a like committee of the American Medical Association.

*"Resolved,* That this committee have full power to arrange for a joint investigation of the law of similars and report back to the Institute such arrangements as have been agreed upon at the next meeting.

*"Resolved,* That the Board of Trustees provide such funds as may be necessary in the judgment of the committee to carry out its purpose."

The president of the Institute announced at the beginning of his term the following as the Joint Conference Committee for the present year: Herbert D. Schenck, Chairman; Royal S. Copeland, George B. Rice, William Henry Wilson and Benjamin F. Bailey.

This committee began correspondence in October, and had a preliminary meeting in Chicago at the time of the Clinical Congress of Surgeons, November 9, 1913, at which the ground was gone over by the chairman, Dr. Bailey, the president of the Institute and two or three interested members who were invited to give suggestions. A preliminary letter was drafted early in December and sent to various members of the committee for consideration. Several meetings were held in New York by the Eastern members of the committee, and a suggested draft of a letter was submitted to several medical clubs in New York, Boston, Brooklyn and other places for suggestions. A number of valuable points were secured by this means, and finally, on March 3rd, the following draft was mailed to the President of the American Medical Association, John A. Witherspoon, and to the Secretary, Alexander R. Craig:

#### American Institute of Homœopathy

#### Joint Conference Committee

Herbert D. Schenck, M. D., Chairman.

John A. Witherspoon, M. D., Brooklyn, N. Y., March 3, 1914.

President American Medical Association, Nashville, Tenn.

Dear Doctor:

In a letter addressed to the chairman of the Joint Conference Committee of the American Institute of Homœopathy on June 28th.

1913, you asked two questions regarding the joint investigation by the American Institute of Homœopathy and the American Medical Association of the method of drug selection, expressed by the formula *similia similibus curentur*.

*First.* You inquired whether the committee was still authorized to act for the American Institute of Homœopathy and with what powers.

At the last meeting in July, 1913, the Institute adopted the following resolutions:

*"Resolved,* That the president be requested to appoint a committee of five members to represent the American Institute of Homœopathy in its conference with a like committee of the American Medical Association.

*"Resolved,* That the committee have full power to arrange for a joint investigation of the law of similars and report back to the Institute at the next meeting such arrangements as have been agreed upon."

*Second.* You asked for a "definite, scientific proposition, submitted over the individual signatures of your committee."

This is our proposition: The symptoms of disease, as met by the practitioner, may be, and are removed by the administration of a remedy which is capable of producing similar symptoms when given to a healthy person.

It is our conviction, therefore, that this furnishes a definite, scientific and universal method of drug selection. We believe that suffering is lessened and sickness more speedily and comfortably terminated through drugs administered according to the rule of similars.

On behalf of the homœopathic profession of the United States we ask your Association to appoint a committee of five with similar powers to investigate this subject with the object of demonstrating the accuracy of this system or of proving its falsity.

This investigation seems to us a subject worthy of your serious consideration for the following reasons:

*First.* For over a century this rule has governed a large number of medical practitioners in the selection of drugs in the treatment of disease. We feel, then, that the time has come when this formula should be brought before the whole medical profession, carefully investigated by modern scientific methods and a determination made of its exact value in the practice of medicine.

*Second.* The inquiries of a large number of physicians who do not understand the application of this therapeutic formula indicate their desire to make use of it.

*Third.* We believe a majority of the medical profession would have their usefulness and their power to benefit the sick largely enhanced by a thorough knowledge of this method.

*Fourth.* We feel that a careful investigation of this subject belongs to the whole medical profession and not to any single branch of it.

*Fifth.* In every laboratory of science the present day belief regarding immunity is that certain protective agents are produced, and it is our belief that identical conditions are excited by the administration of our remedies.

*Sixth.* The exactness of modern science, the present methods of investigation, and the means for the accurate observation of the subjective as well as the objective symptoms, make it expedient to investigate the action of many new drugs, as well as to re-examine those long since proven.

*Seventh.* We feel it is significant as noted by your Ringer, Phillips, Bartholow, Brunton, Wright, von Behring, Gimeno, Robin and others, that the therapeutic effects of many remedies in use by your school appear to harmonize with our theory of practice. While this may be a coincidence merely, yet it is a fact that has been commented upon in both schools, and we believe its import deserves our mutual attention.

It seems to us that this joint investigation should be made under the auspices of some research laboratory like the Rockefeller Institute of New York, the McCormick Institute of Chicago, or the Evans Memorial of Boston. These institutions have the experts necessary for such an investigation; with trained eyes and laboratory methods they could follow its course from start to finish. Whether the results of these tests should prove satisfactory or not, the effort would not be wasted. This accurate observation of the physiological action of drugs in common use among the members of your Association as well as ours, would be of permanent value to both schools.

We ask your committee to investigate with us a number of therapeutic agents which have been recognized as efficient drugs by your school, as well as by ours. We suggest for this experiment that you select from the vegetable kingdom, aconite, cinchona, digitalis, nux vomica, pulsatilla, rhus toxicodendron; and from the mineral kingdom, arsenic, gold, mercury, phosphorus and lead. These drugs have been specifically mentioned by your writers as having therapeutic uses which appear to accord with the rule of similars.

After having thoroughly observed the action of the above remedies and others, which the joint committee shall select, and studying their effects upon the human body in various strengths, as well as their poisonous manifestations, a clinical test of the curative or non-curative value of these recorded provings should be made in a hospital or hospitals mutually determined upon. A series of cases mutually satisfactory shall be studied under the constant supervision of a joint observation committee; their symptoms shall be noted, and for each "the similar remedy" shall be selected from the drug previously tested.

This remedy shall be administered in agreed dosage and frequency, and aside from general regimen, no other treatment shall be given. Careful records shall be kept, and, at the conclusion of the tests, the results of the treatment shall be compiled. The records of these patients, together with every detail of each case, shall be submitted

to a joint committee of clinicians to determine, so far as is possible, the part played in the outcome by the remedy or remedies.

In recent years efforts have been made to unite the medical profession. A large number of legal practitioners is kept from affiliation because of their belief in a method of drug selection, the truth of which is questioned by the majority. Let us make a thorough test of this hypothesis. If it be proven true, humanity will be benefited by the enlarged and improved armamentarium of all physicians; if it be disproven the last obstacle to medical union will have been removed.

To the end, therefore, that the truth be established, let us put this theory to the test proposed. Naturally, we feel confident that this investigation will prove the truth of our contention, but in the interest of mankind we request you to join with us in a scientific demonstration of the theory of cure promulgated by Samuel Hahnemann.

If a better plan for the accomplishment of the above object can be suggested, we would be glad to have you formulate it at your earliest convenience.

Herbert D. Schenck, B. S., M. D.  
 Royal S. Copeland, A. M., M. D.  
 George B. Rice, M. D.  
 William Henry Wilson, M. D.  
 Benjamin F. Bailey, M. D.

Under date of March 6th, Dr. Craig addressed to the Chairman the following letter:

"535 No. Dearborn Street,  
 "Chicago, March 6, 1914.

"Dr. Herbert D. Schenck,  
 "75 Halsey Street,  
 "Brooklyn, N. Y.

"Dear Doctor:

"Your letter of March 3, accompanied by the communication from the Committee of the American Institute of Homœopathy, has been received. This matter will be submitted to the American Medical Association.

"Very truly yours,

"Alex. R. Craig,  
 "Secretary."

No further work has been done by the committee and up to the present time the committee has not received any further communication from the American Medical Association which assembled for its annual meeting in Atlantic City on June 22nd.

The Committee recommends the continuance of the Conference Committee, with power to take such action as may be necessary to bring an answer to our request within a reasonable time.

Herbert D. Schenck, M. D.,  
 Chairman.

On July 6th the following letter was received by the chairman from the Secretary of the American Medical Association and is included in the report:

**American Medical Association**

**Alexander R. Craig, M. D., Secretary.**

535 North Dearborn Street, Chicago, July 3, 1914.

Dr. Herbert D. Schenck,  
75 Halsey Street,  
Brooklyn, N. Y.

My Dear Doctor Schenck:

The communication from the Committee of the American Institute of Homœopathy addressed to the Secretary of the American Medical Association under date of March 3, was presented to the House of Delegates of the American Medical Association at its meeting held in Atlantic City June 22-26. In addition to the above letter, the Secretary of the Association transmitted to the House of Delegates a record of the correspondence which his office had had with the institutions named in the letter of the Committee of the American Institute of Homœopathy. When your letter was received, a letter was addressed to each of the three research laboratories designated, transmitting a copy of your communication, and asking whether the laboratory's coöperation might be secured in the investigation of the proposition. The director of one of these replied that he is in doubt as to whether or not he cares to join in the investigation. The board of another answered that the policy of the institution is that its work shall not be extended to this type of inquiry. No reply has been received to the third letter mailed to the medical director of the Robert Dawson Memorial, Massachusetts Homœopathic Hospital, Boston.

All this correspondence was referred by the House of Delegates to the reference committee of the House on Reports of Officers, which committee reported back to the House as follows:

"In regard to the communication from a committee of the American Institute of Homœopathy, we recommend that as the said committee shows an evident desire to get at the scientific truth concerning their formula, and as there has been no favorable response from any of the three laboratories suggested by them, we recommend that our Secretary inform them of the result of his correspondence with these laboratories and that they be asked to suggest other laboratories, or some practical plan for investigation."

Upon motion, duly seconded, the House of Delegates adopted this report of the reference committee, and I now inform you of the action taken.

Very truly yours,

Alex. R. Craig, Secretary.

On account of the late hour, moved by Dr. Krauss and ordered that action upon this report be made the first order of business Wednesday morning.

Dr. Harper announced as a special order in the Bureau of Homœopathy Tuesday evening the reading of Dr. Sanford Hooker's paper with lantern slide demonstrations; also Dr. Wood's paper on Border-land Diseases.

Upon motion of Dr. Copeland and amended by Dr. Horner, the request was made that the Board of Trustees arrange for an evening hour in which Dr. Petrie Hoyle give the address and present the slides which he has used in different parts of Europe. (This was arranged for Wednesday evening at ten.)

Moved by Dr. Sutherland and ordered that the American Institute of Homœopathy, out of a balance of forty-five hundred, appropriate the sum of two hundred dollars to forward the work of the Homœopathic International Council.

Adjourned till Wednesday at 9 a. m.

Third Day, Wednesday, 9 a. m., July 1, 1914

Meeting called to order by President Wilcox.

The Secretary read a telegram of greeting from Dr. Ward.

Dr. DeWitt G. Wilcox, San Francisco, Cal., June 30, 1914.  
President American Institute of Homœopathy,  
Hotel Chalfonte, Atlantic City.

Felicitations of the Faculty of Hahnemann Medical College of the Pacific are extended to the American Institute in session on its seventieth anniversary. We rejoice that the vast influence of the organization knows no bound, that west and east are one in policy and united in purpose.

James W. Ward, M. D., Dean.

President Wilcox made the following announcements: This evening, at ten o'clock, Dr. Petrie Hoyle will give an address on the Homœopathic Institutions of the World. I hope those having charge of the alumni dinners will be kind enough to adjourn promptly at ten to hear Dr. Hoyle's lecture.

The exhibitors. At a great deal of expense they have come here, and as you will hear from the report of Dr. Norton, the income from the exhibits is a large financial factor to us. Let us give them all the encouragement possible by visiting their exhibits.

Friday evening. We have grown tired of the formal banquet, and have substituted another form of entertainment, to be held in the Armory. All are cordially invited to an evening of informal merriment.

The Daily Bulletin gives a summary of the previous day's work, and a program of the present day. It is for free distribution to all members. You will find it at the entrance to the dining rooms of the leading hotels. Everyone here, whether a member of the Institute or not, is requested to register. If he has come to attend the Institute we would like to get the credit of that attendance. We are hoping to have the largest attendance in the history of the Institute.

The Bureau of Homœopathy will have an extra session at 12 o'clock in this room.

The Chairman of the Bureau of Sanitary Science is absent. Dr. Hills Cole will take charge of the Bureau.

Dr. Thomas Franklin Smith announced a proposed amendment to the by-laws, to be acted upon at the next annual session. Art X, Sec. 9, to be amended to read:

To determine the next place of meeting, the Board of Trustees shall investigate any place with reference to accommodations, hotel rates, railroad facilities, and obtain all necessary information. The Board's report shall be made to the Institute, when the location has been determined.

President Wilcox announced as special order of business, action upon the report of the Joint Conference Committee as presented by Dr. Schenck.

Moved by Dr. Horner, amended by Dr. Bailey and ordered that the report be adopted and the committee continued.

Moved by Dr. Norton and ordered that credentials be given to Dr. Frederick Dearborn of New York, who sails next week for South America to present a paper to the Hahnemann Institute in Brazil; and that greetings be extended to the society in Brazil, from the American Institute of Homœopathy.

Secretary instructed to give the credentials.

#### Report of the Board of Censors

Dr. Reily:

Twenty-three additional names received since yesterday, endorsed and properly posted.

On motion the applicants were unanimously elected to membership.

Upon call for

### **Report From Committee on Organization, Registration and Statistics**

Chairman Thomas Franklin Smith asked the privilege of having it printed. Granted.

### **Report of the Committee on American Association for Clinical Research**

Dr. Krauss reported that committee is now converted into the Bureau of Clinical Research, and is an integral factor of the American Institute of Homœopathy.

Moved by Dr. Horner and ordered that the report be adopted and the committee discharged.

Upon call for

### **Report of Committee on the President's Address**

Dr. Burrett reported that the Committee had spent considerable time on the President's address up to date, but find it necessary to ask for a little more time for the completion of their work.

Moved by Dr. Sutherland and ordered that the Committee be granted further time.

### **Report of the Committee on Council of Medical Education**

Chairman George Royal:

(By request this report is printed in connection with the paper by Dr. Royal Copeland, on Effective Instruction in Homœopathic Principles. See pp. 252-260 of this issue.)

Upon motion, ordered that the report be accepted and the recommendations adopted.

There was cordial appreciation of the work done by the Medical Council.

Dr. Hooker: I am impressed and enthusiastic over the work which the Council has done under the leadership of Dr. Royal. I express what I know is the gratitude of the whole Institute for the unselfish and wonderful work which he is doing, and I rise to give expression to these feelings, because on some questions we have disagreed in friendly fashion. On this splendid work which he is doing we are all behind him, and are grateful to him and to the Council on Medical Education.

Dr. T. Franklkin Smith: It is very important that we have our internes taught homœopathy: it is important to de-

termine whether the prescriptions given out by the internes and physicians in charge are in accord with homœopathic therapeutics.

President Wilcox: Happy as we are to receive this report, I do not believe we fully appreciate the tremendous amount of work accomplished by this committee. We are especially indebted to this Council, to Drs. Sawyer, Wood and Baxter, for the fine work in Ohio. Also bear in mind what was done in Kansas City. A great part of this work was done by the employment of a business manager. What was done in Kansas City by this business manager can be done in all the states of the Union by men so employed.

Dr. Foster: As an interested member from Kansas City I wish to say in confirmation of what the Chairman has already reported to you, that the physicians in Kansas, in Missouri, in Oklahoma, in Arkansas, in Texas, and in all that western country, have expressed sympathy with the work, hearty approval of the action of the Council, and willingness to co-operate with us. The work done by Mr. Smith and the action of the Council represent the sentiment of that whole territory. With the approval of the Institute of the recommendations made, and with the plans now in embryo, we are certain to build up in Kansas City an institution of which you will all be proud.

Dr. Royal: In conclusion, the financial report is this: In the work this year, including Ohio and Missouri, your Council has expended, including what the societies have given us, \$3,016.56. I want the privilege of saying, in all kindness to the Institute, that we raised this money ourselves.

### Report of the Committee on Institute Journal

Chairman, John P. Sutherland:

Mr. President; Members of the A. I. H.:

One of the most significant occurrences in the history of the JOURNAL OF THE A. I. H. since the meeting of the Institute in Denver last July was the resignation of Dr. J. Richey Horner from the editorial chair. Dr. Horner's resignation was transmitted to the Trustees in September, 1913, and the Trustees of the Institute at their December meeting in Cleveland, after examining into the claims and qualifications of a large group of applicants for the editorial position, selected one whose journalistic experience and training, whose interest in the welfare and prosperity of the Institute, and whose familiarity with the Insti-

tute's traditions and policies qualified her, in their opinion, for the position. Therefore, regretfully accepting Dr. Horner's resignation, the Trustees appointed Dr. Sarah M. Hobson, of Chicago, Editor of the JOURNAL, and Dr. Hobson at once assumed her new duties.

The first half of Vol. VI, or the numbers from July to December, 1913, inclusive, were gotten out by Dr. Horner; the second half of the volume, covering the January to June, 1914, issues was gotten out by Dr. Hobson.

The twelve (12) monthly numbers comprising Vol. VI contain 1,272 pages of reading matter, and present to the reader all the scientific essays, with their discussions, prepared for the Denver meeting; all the minutes of said meeting, with reports of committees, lists of members, statistics, etc., and in addition a large number and variety of editorials, correspondence and news matter concerning those things which are directly connected with the life and growth of the Institute and the cause it represents.

Naturally, considering the limitations under which the JOURNAL is conducted, there has been, with the retirement of the former and induction of the new editor, no change in the policy or purposes of the JOURNAL.

In order adequately to represent the widely scattered interests of the Institute it is desired that its members freely communicate to the JOURNAL any matters of importance to Homœopathy which may arise in their several localities. What happens in Arizona may be of influence in Maine; the doings in Washington may affect Homœopathy in Florida. The JOURNAL should be the medium of coördinating all our activities and interests, and the coöperation of the Institute membership is earnestly solicited to that end.

Special attention is called to the fact that covers for use in binding the twelve numbers of Vol. VI into one book may be had without expense by making application for the same to the editor, Dr. Sarah M. Hobson, 917 Marshall Field Building, Chicago.

There have been during the year twelve monthly editions of the JOURNAL of 3,200 copies each; 2,807 copies each month have been sent to those members of the Institute qualified to receive it; 209 copies have been mailed to Exchanges, Advertisers, Hospitals and Libraries. It may be interesting to note that the mailing list of the JOURNAL includes a distribution of

- 415 copies to New York,
- 328 copies to Pennsylvania,
- 290 copies to Illinois,
- 238 copies to Massachusetts.
- 213 copies to Ohio,
- 170 copies to California,
- 124 copies to New Jersey,
- 114 copies to Michigan,
- 104 copies to Indiana,

and so on down to one copy each to Panama and Alaska.

The financial status of the JOURNAL may be indicated as follows:

|                                                          |                   |
|----------------------------------------------------------|-------------------|
| Income for the past twelve months:                       |                   |
| Balance from old account.....                            | \$ 957.23         |
| From Subscribers as per the Institute's regulations..... | 3,396.55          |
| From Advertisers .....                                   | 3,564.53          |
| Total .....                                              | <u>\$7,918.31</u> |
| Expenses during the same period:                         |                   |
| Salary of Editor .....                                   | \$ 999.96         |
| Office rent, stenographer, etc.....                      | 1,042.55          |
| Printing .....                                           | 3,948.48          |
| Emergency fund .....                                     | 31.06             |
| Advertising Commissions .....                            | 945.94            |
| Business Manager .....                                   | 319.83            |
| Sundry Printing .....                                    | 50.85             |
| Press Clippings .....                                    | 45.00             |
| Freight and Cartage .....                                | 29.63             |
| Total .....                                              | <u>\$7,413.35</u> |
| Balance in treasury .....                                | <u>\$504.96</u>   |

It may be stated that the last volume of Transactions of the Institute, in 1907, was gotten out at a cost of \$4,042.00. This sum defrayed only the expense of printing; binding and distributing, but not that of editing and minor expenses, which at that time would have added over \$500.00 (to be conservative) to the cost, and this 1907 volume contained only the scientific contributions with discussions, and the minutes of the meetings, and reports of committees.

The services of an experienced business manager have been secured, and, based on results thus far obtained, it is confidently prophesied that by the adoption of "business methods" the financial status of the JOURNAL will steadily improve until it will become the successful financial asset to the Institute its promoters fondly dreamed.

J. P. Sutherland,  
J. Richey Horner,  
Sarah M. Hobson,  
For the Committee.

Upon motion by Dr. Carr, ordered that the report be adopted.

Upon the reading of the report of the inspectors of election, President Wilcox declared the following officers elected for the year 1914-1915:

President, Byron E. Miller, Portland, Oregon.  
First Vice-President, Harris H. Baxter, Cleveland.  
Second Vice-President, Mary E. Mosher, Boston.

Trustees for three years, Joseph P. Cobb, Chicago; Walter E. Reily, Fulton, Mo.; Charles E. Sawyer, Marion, Ohio.

Censor for five years, John B. Garrison, New York City.

As a personal privilege, Dr. Bailey asked that the Chairman of the Committee on Drug Proving be permitted to present his report before the adjournment of this meeting. Granted.

### Report of Committee on Drug Proving

Chairman J. B. Gregg Custis:

#### Financial Statement, June 1, 1914.

|                                                        |            |
|--------------------------------------------------------|------------|
| June 1st, 1913—Cash, in Security Trust Co.....         | \$1,054.84 |
| Oct. 2nd, 1913—Deposited 3 coupons, Reading Bonds..... | 60.00      |
| Dec. 1st, 1913—Interest .....                          | 21.38      |
| Apr. 23d, 1914—Deposited 3 coupons, Reading Bonds..... | 60.00      |
| June 1st, 1914—Interest .....                          | 22.47      |
| Total .....                                            | \$1,218.69 |

#### Disbursements.

|                                                                                        |          |
|----------------------------------------------------------------------------------------|----------|
| Oct. 29, 1913—M. E. Wolff Co., premium (annual) on Sec'y-Treas.'s indemnity bond ..... | \$ 12.50 |
| Balance in Security Trust Co., interest at four per cent, June 1st, 1914 .....         | 1,206.19 |

NOTE. In addition to this money, the Institute for Drug Proving owns three Reading bonds, par value One Thousand Dollars each, which are in my safe.

NOTE. There is no outstanding indebtedness at present, all bills presented against the Society having been paid.

Respectfully submitted,

Edwin H. Wolcott,  
Secretary-Treasurer.

Mr. President:

In accordance with the by-laws of the Institute of Drug Proving adopted July, 1905, I have the honor to present the following report:

While the Institute of Drug Proving has been in existence for some time, we have not been able to present to the Institute a complete proving. The Trustees do not feel that the time has been wasted. Much actual work has been done; you will remember the purpose of this Institute was to put our materia medica upon such a basis that we could command not only the attention but the approval of the scientific world with the final result that the verity of our materia medica, as we now possess it, could not be doubted, and a full acknowledgment of the law of similia for the application of drugs and remedies in the cure of disease, mitigation of suffering and the prolongation of usefulness as well as life.

The proving of *magnesia phosphorica* is a good start. A vast deal of work has been done on the study of the effects and usefulness of the loco weed, which promises to become a most useful addition to our *materia medica*. We have aroused the interest of many individual provers, learned the weakness of our schools and the lack of education for the proper observation, appreciation and the recording of the effects of remedies upon healthy people, as is now possible with the instrument of precision found in all laboratories. Two large, well equipped and generously endowed laboratories have been established and another is about ready to open. We think our work has been a factor in calling attention to the needs of these laboratories in connection with our colleges and hospitals. In spite of this work, we have on hand all the money we ever received excepting the funds furnished to distribute that monument to the indefatigable energy of Dr. Bellows: namely, *The Proving of Belladonna*. The work already accomplished represents a labor of love. In addition to that we have appropriated, subject to call, one thousand dollars to be expended for the work done by the Evans Memorial Institute under the direction of Drs. Sutherland and Richardson, and one thousand dollars to expend for work to be done by the *Materia Medica* Department of the New York Homœopathic College and Flower Hospital under the direction of Drs. Royal, Rabe and Custis. At today's meeting of the trustees, Dr. Rudolph F. Rabe was elected a member of the Board to fill the vacancy caused by the death of Dr. J. H. McClelland. In this great work the Board asks the coöperation of the faculty, the students and the internes of our colleges and hospitals and especially the specialists of our school upon whom depends the success of this work.

J. B. Gregg Custis, President.

The definite statement in the report, "We have appropriated, subject to call, one thousand dollars to be expended for the work done by the Evans Memorial under the direction of Drs. Sutherland and Richardson, and one thousand dollars to be expended for work done by the *Materia Medica* Department of the New York Homœopathic Medical College and Flower Hospital under the direction of Drs. Royal, Rabe and Custis," gave rise to spirited discussion, comments and explanatory remarks by Drs. Wood, Bailey, Sawyer, Horner, Copeland and Custis, after which, moved by Dr. Krauss and ordered that the report of the Institute of Drug Proving be adopted.

The Local Committee announced a sail from the Atlantic City Yacht Club at 3 o'clock, followed by tea and a dance. A smoker to be given by the Alumni Association of the Hahnemann Medical College at the Schlitz this evening; one by the New York College at the Schlitz to-morrow night.

Upon motion of Dr. Terry, the following telegram was ordered sent to Mrs. Wm. Tod Helmuth, DeWitte Cottage, Monmouth, N. J.:

Ever mindful of your eminent husband, the Nestor of Surgery of the Homeopathic School of Medicine, we, the members of the American Institute of Homœopathy, send greetings and our benediction upon you, who are recognized by the women of the world as the most distinguished and loving of their sex.

Adjourned to meet at 9 o'clock Thursday morning.

Fourth Day, Thursday, 9 a. m., July 2, 1914.

Meeting called to order by President Wilcox.

### Report of the Committee on Medical Examining Boards.

Chairman, N. R. Perkins:

Mr. President and Members of the Institute:

Your Committee, soon after appointment, gave some thought as to what they might do that would be of benefit to the profession and thereby the general public. With this in mind the following letter was sent to some homeopathic member of each Examining Board, so far as one could be ascertained:

"My Dear Dr. ———:

"You being a member of the Examining Board of your State, as well as a member of the A. I. H., will, I think, be willing to assist the Committee on Medical Examining Boards and Medical Legislation in their work.

"This Committee wishes to get information on two important subjects, which are of vital interest to every physician. Will you answer quite fully the following questions, with the assurance that neither your name nor the name of the State that you honor as a member of the Board of Registration will be made public:—

- "1. What, in your opinion, is the wish of the physicians in your State in regard to reciprocity?
- "2. Does the law in your State provide for reciprocity?
- "3. If so, how does it work out in actual practice? Do many avail themselves of its privilege?
- "4. Does the law of your State make a definition as to what is the practice of medicine?
- "5. If so, have there been any prosecutions under the law of mental healers and the like—and with what results?
- "6. Does your Board make any practical examinations? If so, how much and in what branches?

"An early reply will be of great assistance to the Committee in making an intelligent report to the best meeting the Institute has ever held—Atlantic City, June, 1914."

Also, the following resolution was sent to the Secretary of each State Homœopathic Society so far as the name of the secretary could be learned:

"RESOLVED: that .....(Name of Society)..... is in favor of medical interstate reciprocity, and the Committee on Legislation is instructed to do all in its power to accomplish the same."

As a result of these questions thirty-five replies were received. Thirty-two stated that the physicians were in favor of reciprocity. A few qualified their answers as to methods; one reported opinions divided; one, the physicians do not express a desire for it; and one, the majority oppose it.

Twenty-six states have laws providing for reciprocity, or state boards have made arrangements for registration of certificates of other states; five have neither law nor arrangement for reciprocity, nor registration of certificates.

The results of reciprocity in nineteen states show that many avail themselves of its privilege.

Twenty-three states have a definition as to what is the practice of medicine, and the definition in different states is a variable quantity.

Seven report prosecution sustained; some report indifference of the prosecuting officers; others indifference of the courts. One state has carried a case to the United States Supreme Court and won out.

The boards of seven states conduct practical examinations in various branches; some only urinalyses both chemical and microscopical; others include anatomy, pathology, obstetrics, surgery, toxicology, physiology. One board devotes one day to practical and laboratory work; this includes all the fundamental branches. This work is done in a medical school where every facility is given to further their work.

Fifteen state societies adopted the resolution.

From the above facts we draw the following conclusions and make certain recommendations.

It must be conceded that members of Medical Examining Boards are working for the protection of the public and not for the benefit of the physicians; they are to protect the public from the incompetent physician, the charlatan and the quack. Medical interstate reciprocity can hardly be classed as a public protection unless we as physicians throw out our chests and say, "We are the public." But neither can medical interstate reciprocity do the public harm. If one has passed the exacting requirements of one State Board with satisfactory pre-educational qualifications and wishes to remove to another state, he certainly will be as much of a protection to the public as if he had taken the examination of the Board of the latter state.

Your Committee does not favor a flat reciprocity, one state saying to another, "You take our licentiates and we will take yours." Some states have a higher standard than others; again, most of the states require some pre-educational qualifications to enable the applicant

to take the examination; a few have not any requirements, not even a diploma being required. The law of one state simply says, "The applicant shall be twenty-one years of age and of good moral character."

Your Committee believes that there should be some form of a National Board, not a board of Army and Navy surgeons, but a board of physicians familiar with the duties and requirements of the everyday practitioner; then the question of interstate reciprocity would be settled. But as we can hardly look for such a rosy settling for this vexed question, your Committee would favor and recommend the adoption of the following plan by the State Examining Boards:

Each State Board to retain the examination papers of each successful candidate. Should he wish to remove to another state his examination papers, with copy of his application, together with certificates of moral character, copies of court findings, if there are any, are to be sent to the Registration Board of the state to which he wishes to remove, they to pass on his qualifications according to his papers; a nominal fee of ten dollars to be paid by the applicant to each Board concerned in the transaction.

This, to our minds, is a simple, fair, just solution of this question.

Definition of what is the practice of medicine, too, is a mooted point, not only among the profession but with the courts as well. The courts are inclined to be conservative unless the law is very definite.

That the laws of some states contain too much is the opinion of your Committee. A short, crisp, to-the-point definition would seem to meet the condition better than something long drawn out and full of repetitions. This we think would increase the number of successful prosecutions against those that are now violating the spirit if not the letter of the law.

Practical examinations until of late have occupied but a small portion of the time given the applicants in the examining room. Many good reasons may be given why this is so. Many boards have insufficient income. The members have only the income from applicants to be divided pro rata after paying their legitimate expenses. Laboratory teaching is advocated today by all medical schools, the Rockefeller Institute and the Carnegie Foundation. Practical examinations are but laboratory examinations. All teaching is not laboratory; some is didactic. The clinic and the bedside are but the continuation of the real laboratory work. Then if the State Board believes that laboratory teaching is necessary to prepare a person to practice medicine, that Board should give the applicant a laboratory examination.

The clinical or bedside examination is hardly practical today. The time which members of Examining Boards have at their disposal is not sufficient to examine each applicant separately, but applicants' familiarity with stethoscope and methods of chest and abdominal examination, the use of obstetric forceps, the pelvimeter, the different locations of the fetal heart sounds and what conclusions may be

drawn from the different locations, how to examine the nose, throat and ear, the method of taking blood pressure and its significance, the technic of urinary analysis can be used as tests by the examiner. Anatomy furnishes a broad field for practical work. And from the cadaver, too, fractures and dislocations can be diagnosed. All of our colleges today are well equipped with specimens, microscopes, slides and plates for use of the pathologist and physiologist. Demonstration of the detection of the common poisons can easily be arranged.

Your Committee is loth to close this report without a protest against the present general plan of excluding therapeutics and *materia medica* as subjects for examination. Therapeutic nihilism may do for some who simply wish to make a careful diagnosis, trust to nature, and prove the correctness of their diagnosis in the autopsy room. Had there been more teaching of therapeutics in the classroom—and if State Boards make this a subject for examination—the confirmation of the diagnosis might have been postponed indefinitely.

The New England Confederation of Examining and Licensing Boards at a late meeting voted to request all the boards of the Confederation to begin in 1916 examinations in therapeutics and *materia medica*. This certainly is a step in the right direction.

Trusting our investigations will be an aid in the enactment of more uniform laws and uniform regulations in the several states, governing licensing boards is our excuse for the persistence with which some of you have been importuned.

Respectfully submitted,

N. R. Perkins.  
J. S. Adsit.  
Eugene W. Sawyer.  
E. Arthur Carr.  
Wm. B. Gifford.

Upon motion of Dr. Newton, seconded by Dr. Peck, the report was adopted.

Announcement by Dr. Harry Koon: The Southern Homœopathic Medical Association, the second largest in point of territory of any organization in the United States, second also in importance to the Institute itself, to which it owes and acknowledges its allegiance, meets in Baltimore on the 10th, 11th and 12th of September, unless after consultation with Dr. Krauss we can secure suitable arrangements by which our session can meet in conjunction with the Association of Clinical Research. We have been promised excellent papers and we hope to have a splendid meeting. Realizing that the greatest propagandistic work is among students, we have arranged to issue invitations to high school and college graduates in Baltimore and vicinity and shall endeavor to have as many as

possible present at this meeting. The New York Homœopathic, Hahnemann of Philadelphia and Hahnemann of Chicago have promised to send me names of college candidates. We shall try to get a dozen of the faculty present to meet and talk with and influence these prospective students to become homœopathic physicians. We extend a cordial invitation to the members of the Institute to be present with us and assure you a rousing southern welcome.

The Secretary read the following

### Communication from the Senate of Seniors:

July 2, 1914.

This is to certify that at the meeting of the Senate of Seniors held Wednesday, July 2nd, John J. Detwiller, M. D., was elected Honorary President of the American Institute of Homœopathy for the ensuing year.

Thomas Franklin Smith.

Also

### Communication from President-elect Byron E. Miller:

June 26, 1914.

To the Secretary of the American Institute of Homœopathy:

I returned last Monday from attending the Homœopathic State Meeting of California, and was making plans to go to the Institute meeting, when I was served with a subpoena to appear in court on the 30th. This is an important case and cannot be put off; consequently my hopes of attending the Institute were blasted. Please inform the members why I am absent. I had hoped to renew my invitation to have the Institute meet here next year, as we have been planning all along to entertain them, but my absence and that of others will probably prevent their making the selection of our city. I do not know of anybody from the Pacific Coast who will be in attendance. Hope you will have a profitable and pleasant meeting, and that I shall have the pleasure of meeting with you next year.

Very sincerely,

B. E. Miller.

Moved by Dr. Krauss, seconded by Dr. Aldrich, That it is the pleasure of the Institute to suggest to the Board of Trustees, not to make the choice of the next place of meeting until after consultation with the incoming President and incoming Board of Trustees; and that it is the pleasure of the Institute to suggest that our first choice is Portland, Oregon, and second choice New Orleans, Louisiana.

In the discussion which followed,

Dr. Koon commented upon the suggestion to the Trustees as out of place and out of order.

Dr. Cobb welcomed the discussion, but believed a small gathering of the membership should not pass finally upon the matter, since such action would be virtually suspension of the by-laws; that so important an action should be placed at the end of a morning session when the room is full.

Dr. Norton suggested deferred action until the chairman of the committee on place of meeting presented his report.

Dr. Newton recalled the reasons for placing the decision on place of meeting with the Board of Trustees; nevertheless in the presence of the present discussion, the fact of the exposition in San Francisco, the general trend of travel westward, the problem of arranging time for the exhibitors made the suggestion a proper one; that the Trustees are the servants of the Institute and will not ignore the wishes and welfare of the members.

Dr. Copeland claimed the right of a small body of the Institute membership to self-expression as for the smaller body of Trustees; further that the time to take action upon a suggestion to the Trustees was now, before the Trustees made their report to the Institute.

Dr. Royal gave everybody credit for working in behalf of the best interests of the Institute and endorsed Dr. Norton's suggestion of postponement until after hearing the report of the chairman on place of meeting.

Dr. Runnels endorsed postponement until a larger membership should be present.

The motion to postpone action was lost.

The original motion was carried.

In reply to a question from Dr. Cobb as to the time of determining the place of meeting, President Wilcox ruled:

"The place of meeting for 1915 cannot be determined until after consultation with the incoming officers. The suggestion of Portland and of New Orleans to the Board of Trustees does not obligate them so to act."

In the absence of Dr. Wells, the Secretary read

### Report of the Press Committee

Realizing the importance and value of proper publicity for the Institute and of the cause of homœopathy in general, the Press Committee made the suggestion that a press agent be employed to report the meeting this year and to see that wide publicity was given to the business and scientific transactions of the Institute.

After conference with Dr. Norton, Mr. Mark Wilson and Mr. McGahan, of Philadelphia, were employed to carry out this work at a total cost of \$115.00. Mr. McGahan will be at Atlantic City during the period that the Institute is in session and will prepare copy and have it in shape for the reporters of the various local papers and the Associated Press.

In order to get the greatest benefit from this new departure, it is essential that every member of the Institute should make an effort to give Mr. McGahan all the information possible, especially to permit him to read through such papers as he feels would be of popular interest, for the purpose of making extracts and reports of them. The chairmen of the various bureaus are particularly requested to assist Mr. McGahan in this matter.

It is the belief of the committee that with the proper coöperation on the part of the members this move will be a decided success and that the Institute will be amply repaid for the comparatively small expense involved.

G. Harlan Wells.

Upon motion, the report was adopted.

### Report of the Board of Censors

Chairman Reily: Since the last report I have collected 84 names, which makes a total of 177. Approximately one-third are 1914 graduates.

Ordered posted.

### Report of the Special Committee on Homœopathic Handbook

Chairman Copeland:

I find myself much perplexed and embarrassed in making this report. You will recall that in 1910 a committee was appointed, consisting of Dr. Wood, Dr. Fisher and myself, and I think this committee was continued for two or three years. We found ourselves embarrassed by reason of the fact that we were so widely separated geographically. We have had very few opportunities for consultation. Last year the committee was discharged, and the President appointed a new committee.\* This committee has done a lot of work. This handbook is in process, more than half finished. We had planned the work so that we had expected within a few months to have it ready for publication. My embarrassment this morning arises from the fact that the other evening Dr. Wood presented a very able paper in which he outlined a plan for a book, and read to us a chapter from this proposed book. You will understand that the intention of the Institute in appointing this committee, was to have a book prepared which could be presented to the old school men who,

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\*Jour. A. I. H., Vol. VI., pp. 326, 327.

having no knowledge of homœopathy, might be given an idea of what homœopathy is, and that there should be sufficient information in this book that an old school man might actually begin the practice of homœopathy. It was the original intention that this book might be put out, perhaps, with a case of medicine, in order that the physician might begin at once to practice the kind of medicine taught by the book. In Doctor Wood's paper he formulated a plan for a work entirely different from the one which he and I originally had in mind. The book which he proposes would be an elaborate finished product. His book would be a Packard car; mine only a Ford. And yet I appreciate the fact that there are about 200,000 Fords sold every year, and only about 4,000 Packards.

My intention this morning is to report to you these facts. You must decide whether the committee, the committee for which I am now reporting, shall continue its efforts and finish the book, or whether you wish to change the plan and adopt that proposed by Dr. Wood. We would be happy to go on with the work, but on the other hand would be entirely satisfied to retire from the field. This is our report.

In explanation of the paper cited,

Dr. Wood said: I was not at the Denver meeting last year, and nowhere did I see notice to the effect that a new committee had been appointed and that this work was in progress. My paper was the result of my own conception of such a work, and was written after due consideration. I had primarily in mind just such a work as Dr. Copeland has outlined, and am still of the opinion that there is a field for such work. I have not written a book, but simply offered this paper for the purpose of criticism. It will be published in the July number of the JOURNAL, and I ask now that the members of the Institute interested in this subject criticise this paper and write me freely. There will be no conflict between this book and the one Dr. Copeland contemplates. I do not think I shall ever write this book, but my hope is to inspire somebody better prepared than myself to undertake such a book as I have outlined. I therefore beg that this committee represented by Dr. Copeland be continued.

Upon motion by Dr. Horner, seconded by Dr. Krauss, the report of the Special Committee on Homœopathic Handbook was adopted, the committee continued and instructed to complete the work for which it was appointed.

## Report of the Committee on Exhibits

Dr. Norton:

Mr. Chairman, Members of the Society: I am not the Committee on Exhibits but a member of the Finance Committee which arranged for the exhibits. I have no report ready to present, but will tell you in a few words of the work done. The subject just before the Society affords an excuse to bring this up. The Board of Trustees at the last annual meeting discussed thoroughly and carefully the future finances of the American Institute of Homœopathy. It was the point of view of the Committee on Finance, and I believe the Trustees are with us, that we must have money for propagandistic work. The Council on Medical Education is doing some grand work, and they must have money. Where are we going to get the money? It has been considered inadvisable to increase the dues. The question of voluntary subscriptions is one that has added great glory to the Institute. There have been a great many two-dollar pledges in the past, but that is coming to an end. They come harder and harder each year. The JOURNAL of the Institute we hope in the near future, probably in two or three years, will begin to bring in some money for the work of the Institute, but at present it is not doing so, therefore, at the last meeting of the Board of Trustees in December, it was ordered that the Committee on Finance, under the direction of the Board of Trustees, take up the matter of exhibits. The policy of the Committee on Finance has been one of business methods all along the line with the result, somewhat due to the Finance Committee, that the Treasurer's report this year shows \$2,800 in the general fund, while last year there was \$2,300. This includes over \$2,000 collected from the exhibits. Where would you have been without the exhibits? These exhibits have been secured because the meeting is in Atlantic City, because it is in the center of population where exhibitors would come. We have taken up the matter of exhibits this year, and have taken it out of the hands of the Local Committee. In previous years some of the local committees have paid all the expenses of entertainment of the Institute, and had money left over which was not turned into the Institute treasury. At the last meeting in this city eight years ago, the exhibits paid something like \$1,300. The cost of securing those exhibits was \$900, so that we netted something over \$200 from exhibits here eight years ago. This year we sold over \$3,000, and had a waiting list demanding space. The money secured from the exhibits is the only thing that has kept us from getting into a hole this year.

The importance of this is very great in connection with the propagandistic work in the future. We must get money, and the only way we can see at the present time is through exhibits. In the future we hope to get it through the JOURNAL, but at present we must consider this proposition.

It is the custom of the hotel people here to contribute 10 per cent

of total receipts for the purpose of entertainment. The hotels are perfectly willing to make this contribution for the advertising they get out of it. We plan, therefore, to get our entertainment by that plan, and from the exhibits get money for the work of the American Institute of Homœopathy.

Upon motion the report on exhibits was adopted.

President Wilcox again called attention to the fact that the presence of the exhibitors is a source of income, and made the request that the members give them the courtesy of an audience.

Vice-president Varner took the Chair, while the

### Report on the President's Address

was given by Chairman Burrett:

Mr. Chairman: Your committee on President's address found the task of preparing this report an arduous one, yet the many splendid ideas embodied within the address gives the feeling that such work is worth while.

The address is the result not only of the culmination of the extraordinary year's work done by President Wilcox as President of the American Institute of Homœopathy, but is the final judgment of a man ripe in years of experience and one who has had more than a quarter of a century of active work for things homœopathic.

The successful medical society of today must have an aggressive business organization and the Institute is fortunate in having for its president a man alive to this idea.

Your committee is not unmindful of the splendid work of organization already started during the past few years looking toward better things for united homœopathy in America. It is our firm belief that the Institute can grow in usefulness to mankind only by a policy of constructive legislation as to its affairs. We must hold fast to those things which we now have which are good and from year to year add to the completeness of our organization. It is by such a policy alone that we shall make progress.

Your committee is, therefore, unanimous in its endorsement of a plan of federation which will bring together every force in the homœopathic profession into one centralized body.

Such federation can best be accomplished through the services of a competent business manager, devoting his time exclusively to this work and acting under the direction of an executive body such as the Institute already has.

Such a work cannot be done successfully by one man or a group of men, giving only a part of their effort and thought to the work, but by one who works by day and dreams by night on this one subject alone.

Your committee therefore makes the following recommendations:

*First.* That the Board of Trustees be instructed to secure the services of a business manager.

*Second.* That a plan be devised for the federation of the state, sectional, county, and city societies of the United States into the American Institute of Homœopathy.

*Third.* That the work already started regarding the standardising of our hospitals be carried on into a plan of federation into the American Institute of Homœopathy.

*Fourth.* That the College Alliance be united by federation into a closer unity with the working body of the Institute.

*Fifth.* That an organized effort be made through the College Alliance whereby the students of our colleges be made better acquainted with the advantages of membership with the American Institute of Homœopathy.

*Sixth.* That the duties of the Interstate Committee be extended to cover a wider field of activity and thus bring to the Institute recommendations from a group of delegates geographically distributed over the country.

*Seventh.* Your committee feels that the recommendation of President Wilcox, that the various state and county societies be taxed, should be a matter for more thought before putting it into execution.

This report would be incomplete without paying tribute to President Wilcox for his masterly presentation of the Annual Address of the President to the American Institute. It is the embodiment of the spirit of the times. It is the expression in language such as no one but President Wilcox can command, the feeling which every American physician has in his heart whether it finds expression in words or not. It is a fitting culmination to a medical career of a man whose thinking and doing are upward.

Claude A. Burrett.

Scott Parsons.

Burton Haseltine.

On motion of Dr. Wood, amended by Dr. Cobb and duly seconded, the report on the President's Address was adopted and the recommendations therein referred to the Board of Trustees for thorough consideration.

In the discussion of the report,

Dr. Cobb expressed a desire to have instruction from the Institute to the Trustees to act upon the resolutions to put them into effect.

Dr. Norton suggested the appointment of some other committee to worry over the \$5,000 for a business manager.

Dr. Runnels deprecated the multiplication of committees.

He declared it to be the duty of the Trustees to attend to the business of the Institute.

(The President resumed the Chair.)

### Report of the Interstate Committee.

Chairman Arthur Carr:

The Interstate Committee met Wednesday morning, 10:30, in room 20, Hotel Chalfonte. Dr. E. Arthur Carr was made Chairman, and Edward Harper, of New Orleans, Secretary.

The following resolution was introduced by Dr. Stout, of Jacksonville, Fla., and after thorough discussion adopted unanimously by the Committee, to be submitted to the Institute:

Whereas, some of our members have affiliated themselves with the American Medical Association, and

Whereas, in joining the American Medical Association they are required to renounce their faith in, and practice of, sectarian medicine, therefore,

Resolved, that the American Institute of Homœopathy in its 70th Annual Convention assembled, desires to place itself on record as absolutely opposed to the members of the American Institute of Homœopathy affiliating with the American Medical Association, and be it further

Resolved, that the Institute respectfully requests all members of the Institute who are members of the American Medical Association to withdraw their membership from said American Medical Association, because at the present time their names and their money are used by the American Medical Association in legislative and other matters against homœopathic institutions. And we ask that they concentrate their efforts in assisting the Institute in proving to the world the truth of our law, *similia similibus curentur*.

Henry R. Stout.

On motion of Dr. Royal, duly seconded, that the report be received and the resolutions be sent to the Committee on Resolutions, a prolonged discussion ensued, enlisting Drs. Carr, Wood, Horner, Krauss, Sawyer, Wilcox, Hoyle, Walton, Hooker, Sutherland, Carmichael, Wilcox, Stout. The sober judgment of many members of the Institute was reflected in the comment of Dr. Sutherland: "It is for us to labor in our own particular vineyard for the upbuilding of homœopathy, and we cannot do that particularly well while trying to tear down anything else, or by prohibiting our members from reading this or that, or from being members of any other organization, political, religious or medical."

The original motion that the report of the Interstate Com-

mittee be received, and that the resolution be referred to the Committee on Resolutions prevailed and it was so ordered.

Upon motion of Dr. Sawyer, the Institute by a rising vote endorsed the work of Dr. Petrie Hoyle and commended it as the most worthy propagandistic work in homœopathy throughout the world.

### Report of the International Bureau of Homœopathy

Chairman George B. Peck:

Mr. President and Doctors:

Of vital importance to our existence as an organization is the present condition of its professional schools and the character of the instruction therein given. Thanks to the restless activity of our friends, the enemy, there is no danger that domestic institutions will fail in the quantity of the instruction given, whatever opinions may be held as to its quality. In foreign countries the case is somewhat different. The national governments of Mexico and of Brazil established the homœopathic colleges in those countries and they will see that the curricula are maintained abreast the times.

Investigation of the former seemed inopportune, the latter sent a written and a printed report which unfortunately have been mislaid. When found and translated, suitable abstracts will be furnished the JOURNAL. In India the situation is akin to that which disgraced the school in this land within the memory of our older seniors and still may be observed sporadically; unrestrained manifestation of loyalty to the cause of the sort, now exhibited in civics beyond the Rio Grande, which prefer to reign in hell rather than to serve in heaven. Its doctors are ready to stab each other in the back upon provocation or without, forgetful that in union there is strength and that the Nazarene, with whose teachings they are not unfamiliar, has said "Whosoever will be chief among you, let him be your servant." It is possible the Medical Registration Bill recently introduced by the government may hammer them into that unity of spirit and action essential to their well-being. Of course its alleged object is to protect the dear public, and the profession as well, from irregularly qualified practitioners, i. e., from those whose training has been obtained at unrecognized institutions; its real object is to give the Medical Department of the University of Calcutta complete monopoly of instruction in the healing art. The diploma of no other medical school or college in that city is recognized by the government although there are at least three additional well-conducted allopathic schools therein which have done excellent work during the past quarter century in strengthening the hands of all qualified practitioners and in carrying medical assistance to the poor man's door even in the uttermost parts of that empire. They are conducted with a heavy expenditure of time, energy and money by their promoters, who include the best physicians and surgeons, while scarce 300 have passed

their examinations within the indicated period, an average of but twelve annually. Yet all private schools are to be supplied without exception, an apt illustration of the real interest of officialdom in the general welfare of humanity. Strong opposition is expected from the independents. Should it prove ineffectual and the righteous allopath is consigned to hades, it is needless to speculate upon the fate of the wicked and the ungodly homœopath despite the fact that the people demand his services and that his influence is permeating every portion of that vast territory.

Although I have lists of our professional schools furnished by three of our Indian brethren, I am unwilling to state definitely their number, still more to mention their names, and so must content myself with the general statement that there are half a dozen, more or less. Fortunately I have secured the announcements of two wherefore I conclude they are the most considerable. The Calcutta Homœopathic College was opened by C. S. Kali, January 2, 1902, with thirteen students, has had from thirty to forty each subsequent year and has graduated annually from fifteen to twenty. The Regular Homœopathic was established by R. C. Nag, August 9, 1911, with eighty-five, more than sixty of whom came from the Central Homœopathic; the average number is 125. At the close of the academic year, 1913-14, twenty-seven will get the degree of H. L. M. S. and twenty-one that of H. M. B. The chief condition of admission in each is "a fair knowledge of the English language," but the former gives a duplicate course in Bengali. That exults in the circumstance that having been registered in accordance with Act XXI of 1860 of the Government of India, generally known as the Literary Society Act, it has become a Public Institution, "first and only," the other in that it exacts a four-year course and that it has made the *Organon* a special object of study during each of the aforesaid years. The fees for three years in each are Rs. 123 and 148 respectively, the number of stated lectures in the same period 1,300 and 2,195, which the latter by means of its fourth year increases to 3,045 with a total cost of Rs. 181. The comparative paucity of stated lectures promised by the first is remedied in part by a course of Saturday lectures from various specialists which though open to the public, the students are obliged to attend and to pass an examination upon. All are required to dissect the entire human body, but this is done at the Medical Department of the University of Calcutta. While the lesser course provides the people with safer medical counsellors than their best allopathic institutions, enough of detail has been given to indicate clearly the duty of the entire Indian profession regarding these matters and proof shown of the necessity of their performing it.

The total number of homœopathic practitioners in India holding diplomas of one sort or another is eighty-five but there are many others who do not hold a degree from any recognized college. They support three monthlies, the *Calcutta Journal of Medicine*, the *Indian Homœopathic Review* and the *Indian Homœopathic Reporter*. There are five well known pharmacies beside twenty other places where our

remedies may be procured; there are also three general dispensaries. In Calcutta there are likewise three societies, the Hahnemann which meets once a year, the Calcutta Homœopathic that assembles monthly, and the Hindustan Institute of Indigenous Drug Proving that compares notes upon occasion. The corner stone of the Homœopathic Hospital in Calcutta was laid May 23, 1910; it is in a prosperous condition. Its clinical advantages fall to the students of the Regular Homœopathic College, those of the other come only from the private dispensaries and private patients of its faculty, but the number of cases presented to the students are said to number from five to six thousand annually.

Dr. Arnulphy writes in response to a request for his assistance in securing the comparative statistics of the last cholera epidemic in southern France that his efforts to secure the desired information have been futile; that the number of homœopathic practitioners in Paris has increased within the last ten years from forty to eighty and that similar progress has been noted in the provinces. Most of the accessions are young men, fresh from the schools of medicine, which is a hopeful sign. It had been his ambition to lecture before the medical students of Paris, but the proper authorization was denied at the last moment. It would have given him great pleasure to meet former friends and colleagues on this occasion, but duty called to The Hague where the International Homœopathic Council meets this summer. He will be a delegate for many Latin-speaking countries and cannot fail to attend, inasmuch as vital resolutions will be considered. On the whole the outlook as to France is favorable. A new generation is coming up which seems full of the right spirit, turned toward the practice of pure homœopathy as against pathological prescribing. The same may be said of Italy. As to Spain, homœopathy is booming in Barcelona, which contains about seventy representatives. The most promising feature in French activities in Dr. Arnulphy's opinion is this: "Aside from the Parisian Homœopathic Society there has been created within a few years a Provincial Homœopathic Society whose seat is at Lyons. Of this he has been president from the beginning. It has succeeded in bringing together all the homœopathic practitioners belonging to Latin-speaking countries, such as Italy, Spain, Portugal, Switzerland, Belgium, Brazil and most of the South American nations. This is a move in the right direction. It will result in more activity, more unity, more love among the practitioners of these nations who until now did not know each other, but henceforth will feel that they belong to one great family. It looks as if a new era is dawning on us. This tendency toward solidarity and unity among men is one of the promising features of the age."

Drs. C. S. Kali and D. N. Ray, both of Calcutta, have sent papers: *Arnica* in Cholera and *Saraca Indica* respectively, which will be referred to the Bureau of Materia Medica and General Therapeutics.

Dr. H. W. Schwarz of Yokohama, Japan, intimated he might in person present a paper to the same Bureau.

Dr. Julio F. Converse of Bogota, Colombia, promised a paper but

it has not come to hand. This and any other delayed documents, when received, will be promptly forwarded to the JOURNAL.

Dr. Sayer Hasbrouck of Bermuda will be happy to render any attention to members of the Institute, their families or friends, who may visit that island.

At least fifteen of our members residing in foreign countries received special or general requests from this bureau during the past year. Some were under marked obligation to at least acknowledge the receipt thereof.

I cannot forbear to again direct the attention of this Institute to the International Homœopathic Directory. Familiarity with its pages for more than a decade proves that its contents are sufficiently accurate for that length of time. We Americans alone are given to professional migration. Duty to our clientele requires the placing of at least one copy in every city, if not in the office of the leading practitioner, certainly in the public library. In Providence, R. I., two copies have thus been placed. The last edition is by no means exhausted. Price, per copy, \$1.50.

Respectfully submitted,

Geo. B. Peck, Chairman.

Upon motion, the report was adopted.

Upon request of Dr. Lee the Institute ordered a telegram of greeting be sent to Dr. Asa S. Couch, now 82 years old.

Adjourned until Friday morning, 9 o'clock.

#### **Fifth Day, Friday, 9 a. m., July 3, 1914**

Meeting called to order by President Wilcox.

The Secretary read Chairman Reily's report of the Board of Censors. A total list of 191 names duly endorsed and posted. Upon motion of Dr. Horner, duly seconded, these applicants were unanimously elected to membership.

#### **Report of the Committee on Pharmacopœia**

Chairman Thos. H. Carmichael:

President and Members American Institute of Homœopathy:

Your committee is glad to report that the Third Edition of your Pharmacopœia was issued from the press about May 1st of this year.

As finally completed, this second revision of the work contains ten new remedies and involves over seven hundred textural changes.

In addition to the changes outlined in our report of last year, a Table showing Percentage of Alcoholic Strength of Tinctures has been added to the work. This should be a great convenience to pharmacists.

The revision has involved a great amount of work, and while every member of the committee has fulfilled the part assigned

to him, the indefatigable labors of our Secretary, Dr. J. W. Clapp, make the book largely a monument to his zeal for the cause of homœopathy. Its completion marks twenty-five years of work by Dr. Clapp towards perfecting the pharmaceutical methods of our school.

The Homœopathic Pharmacopœia of the United States is now confidently offered to the medical profession as an accurate pharmaceutical guide for the preparation of homœopathic remedies. In addition, it is the only accurate authority for the preparation of fresh plant tinctures, and as such, should commend itself to physicians of all schools and should have a place in the United States Pure Food Law as the standard for these preparations. An effort to secure this legislation should now be pressed with renewed vigor.

There has been a renewal of interest in the subject of an International Homœopathic Pharmacopœia and your chairman and secretary have been in correspondence with Dr. Hugo Platz of Leipzig (of the firm of Schwabe) and Dr. E. Petrie Hoyle of London, who are interested in the matter. We have suggested that the scientific method of tincture-making used in the British Homœopathic Pharmacopœia and in the Homœopathic Pharmacopœia of the United States should be made the basis of the proposed International work. It would seem that the prospects for such uniform methods in the preparation of homœopathic remedies throughout the world are greater than at any time since we have had Pharmacopœias. It is certain that the achievement of this project would establish world-wide homœopathy upon a scientific basis.

Respectfully submitted,

T. H. Carmichael, M. D., Chairman.

Upon motion of Dr. Krauss, seconded by Dr. Copeland, ordered that the report on Pharmacopœia be adopted, and the work continued.

The Secretary read the following telegrams:

Fredonia, N. Y., July 2, 1914.

Secretary of American Institute of Homœopathy:

Words cannot express my gratitude for your greeting. I revere Hahnemann, and homœopathy is a constituent of my blood. It will eclipse empiricism and grow brighter to the perfect day. Stand steady, hold fast and await your reward, the blessing of mankind.

Asa S. Couch.

Portland, Ore., July 2, 1914.

Secretary, American Institute of Homœopathy:

Convey to officers and members my fullest appreciation for the high honor conferred upon me. I invite the counsel of every member. We will rise above personal feeling, and if financial conditions justify a good delegation, come to Portland next year. California and Washington are passive. Long live homœopathy.

Byron E. Miller.

## Report of the Committee on Conference with the Eclectic Medical Association

Chairman H. E. Beebe:

Pursuant to the work of the previous year, this committee met at the Congress Hotel in Chicago, February 25th. It was impossible for the Chairman to attend, prevented by the blockading of the railroads of Ohio at that special time by the great snow storms.

The two schools had a joint conference of about twenty members. Matters were discussed pertaining to the interests of said parties. Higher educational standards were advocated, as always before, so long as not antagonistic to our welfare.

It was deemed judicious to ask both of our national societies to appoint a permanent committee of five each to confer again at Chicago, February, 1915, along lines of mutual interests, particularly along registration and college lines.

Respectfully submitted,

H. E. Beebe.

Upon motion of Dr. Horner, report on Conference with Eclectic Medical Association ordered adopted and filed.

In the absence of the respective Chairmen, the Secretary read the following reports:

## Report of the Committee on National Legislation

Chairman Ward:

June 15th, 1914.

To the American Institute of Homœopathy,  
Seventieth Annual Session.

Mr. President and Members:

Your special committee on Legislation begs the honor to report as follows:

Since the sixty-ninth session of this Institute, the Legislatures of eleven states and one territory (Porto Rica) have been in session, while one state, Georgia, has a legislative session to begin the 24th inst. During the year several bills have been introduced dealing mostly with amendments to, or administration of, Food and Drug Laws. In addition to these, at least one bill regulating practice was considered by the New York Legislature, granting the right to practice to physicians of schools other than allopathy, homœopathy and eclectic. This bill, we are informed, was given very serious consideration and came near passage. A bill of similar importance will probably be re-introduced into the New York Legislature next winter, which should deserve most careful attention. There have been similar bills in other states but none reported as being passed. At Washington, D. C., the only bill of national scope which in all probability will become a law, is that known as the Harrison Bill which deals with the

sale of narcotic drugs. This bill is somewhat drastic. It has passed the House and been reported to the Senate. The Senate Committee has proposed certain amendments, in all of which the Senate itself has concurred and the bill, at this writing, June 15th, is well on its way towards passage and becoming a law. In general terms, this bill restricts the dealer in narcotic drugs to a specified quantity which he may have on hand at any one time. All such goods must be ordered by the dealer on official blanks, furnished by the Internal Revenue Department, and no orders for those goods may be filled unless written upon such blanks. The physician is not permitted to dispense narcotic drugs; his dealings and treatment therewith must be recorded also upon official blanks, these to include the names and addresses of the persons to whom the drug is administered, and the quantity thereof. The physician is, in addition, required to certify that he has made a personal examination as to the *need* of the drug so prescribed. Provision is also made for the registration of all hypodermic syringes sold, in the same manner as in the case of the drugs alluded to. This appears to be the only bill likely to pass at the present session of Congress which deals with the regulation of practice in its relation to public health. It appears to your Committee that there will be no general public health legislation enacted during the present session of Congress; nor will the Owen Bill be likely revived, nor yet will anything akin to the Owen Bill be considered at this or any future session of Congress within the near future, providing the same vigilance of the past respecting these matters continues to be exercised. This belief is based upon the fact that the dominant thought in Congress today appears to be the protection of what is called "State Rights"; and no bill relating to public health whose principles tend toward a revision of these rights, appears to have a chance for consideration. We believe that the Kahn Bill, frequently known as the American Institute Measure and which your Committee caused to be introduced in the last Congress, comes nearer to embodying the principles which must underly any future governmental supervision of public health, than anything yet devised. The re-introduction of this bill during this Congress, we did not believe a good policy, chiefly because the present administration has a legislative policy of its own to work out and subjects outside of the administration program will be less likely to attract attention and consideration, than would otherwise be the case. There appears to be no special reason for re-introducing the Kahn Bill, believing it better to await that time, when it is believed the administration will give further consideration to public health legislation. One thing seems to be positive, viz., that a bill that is not based upon the principles of the Kahn Bill cannot pass Congress. A sidelight upon the growing sentiment for regulation from a central point of Food and Drug matters of this country, by, and with the consent of the several states, as contemplated by the Kahn Bill, is found in a recent meeting at Washington of the various state Food and Drug officials. A working arrangement was introduced by each of the respective state officials, agreeing to favor only such regula-

tions as are in harmony with those of the national government on the same subject, i. e., to make regulations which shall be uniform throughout the country. This plan is found to work admirably and therefore solved many vexatious problems arising heretofore out of the different legislatures in the different states and all relating to the same matter. The principle therein is *identical* with that of the Kahn Bill, because that measure also provides for one public health bill to be enacted contemporaneously by the United States Government and the respective States. It is a source of gratification to your Committee to be able to see in this principle of uniformity of action, practically applied through the joint agreement between the National and State Food and Drug officials above referred to, the basic element of the legislation for which this Institute stands.

Respectfully submitted,

James W. Ward, M. D., Chairman.

### Report of Committee on College Alliance

Delegate W. B. Hinsdale:

A full report of the activities of the College Alliance is given in the Minutes of the Business Meeting in February, 1914, and published in the JOURNAL OF THE AMERICAN INSTITUTE OF HOMOEOPATHY, June, 1914. The fees from this college are in the form of a requisition going through the formalities imposed by the University offices, and will be forthcoming to the Alliance, probably within thirty days.

W. B. Hinsdale.

On motion, ordered adopted.

### Report of Committee on Permanent Endowment Fund

Chairman Dieffenbach:

During the past year your Chairman sent a circular letter to each member of the Institute again calling attention to the Fund and also enclosed pledge cards and formulae for bequests and endowments.

The report of Treasurer Smith shows a net receipt of \$447.70 after deduction of disbursement, for stationery and stamps.

General letters were received containing pledges of \$100 and smaller sums, which are payable this year. And several inquiries in regard to exact legal formulae for bequests and codicils were answered by your Chairman. One member in Kansas states that she intends leaving the residue of her estate to the Institute.

Owing to the coincident work of the Medical Council in collecting two-dollar subscriptions for propagandistic work, much confusion exists among the members regarding the original Permanent Endowment Fund which your Committee is seeking to establish. Many members apparently assume, when paying the two dollars, that their obligations in this matter have been met. It is the belief of your Chairman that an unfortunate move was made when this two-dollar plan was adopted by the Medical Council, for with the same expendi-

ture of effort, stationery and stamps, much larger sums should and could have been demanded or solicited.

When the five-year pledge terms of the Medical Council expire it is the hope of your Chairman that the Medical Council will coöperate with this committee for a *definite investment subscription* from each member of the Institute and as many friends as can be interested in the laudable project. In the meantime yearly circulars will remind the profession of their duties in regard to this fund.

Respectfully submitted,

W. H. Dieffenbach, Chairman.

On motion, the report on Permanent Fund was adopted.

The Secretary read the names of members desiring to withdraw and the date of their admission to Institute membership.

- 1906. Frank H. Barnes, Stamford, Conn.
- 1873. Charles E. Fisher, Sterling, Col.
- 1913. Walter N. Fowler, Kalamazoo, Mich.
- 1906. William H. Freeman, Brooklyn, N. Y.
- 1909. Rollin S. Gregory, Newport, Wash.
- 1899. Abbott B. Lichtenwalner, Philadelphia.
- 1913. Maclay Lyon, Kansas City, Mo.
- 1908. Bernhard Starcke, Kansas City, Mo.
- 1908. George H. Thacher, Philadelphia.
- 1910. Samuel B. Van Dalsen, San Jose, Cal.
- 1905. William E. Waddell, Los Angeles, Cal.

Motion to accept these resignations called forth expression of profound regret that Dr. Fisher, who has been a member of the Institute for forty-one years, should withdraw.

Dr. Copeland: I notice among these names that of Dr. Charles E. Fisher. Now, Mr. Chairman, I suppose I have crossed swords with Dr. Fisher in this Institute as often as anybody, and that is perhaps the reason why I respect him as I do. Dr. Fisher is a man who has done as valiant service for homœopathy during the past thirty-five years as any man who ever lived. I recall his early days in the South. In those days he sat up nights setting type to print tracts on homœopathy, and then peddle them before daylight from door to door in order that homœopathy might be advertised. He was for many years editor of the *Medical Century*, and no man ever wrote editorials more useful to the cause. He is the author of a number of text books on homœopathy, and an ex-President of this Institute, and it is a great pity that he should withdraw. I do not know what reasons he may have for his resignation. No matter what reason, we ought not

simply to vote to accept his resignation without making some effort to induce Dr. Fisher to stay in the Institute.

Drs. Harper, Gurney, Stout and Horner concurred in appreciation of Dr. Fisher's loyalty to the Institute and expressed regret at withdrawal.

Upon motion, ordered that the resignations be accepted, except that of Dr. Fisher, and that the Secretary be instructed to write Dr. Fisher requesting him to withdraw his resignation.

[Reply from Dr. Fisher.]

Secretary American Institute of Homœopathy,  
Chicago, Ill.:

I would be ungrateful indeed did I fail to appreciate the action of the Institute upon my resignation, and did I fail to promptly acknowledge your official notification that it was not accepted and that I was requested to withdraw it. Such action is most unusual and complimentary, and was altogether unexpected by me. I tendered my withdrawal in good faith and for what I considered good reasons, but since the Institute has declined its acceptance and has requested that it be withdrawn you are at liberty to consider the incident closed.

Yours very truly,

C. E. Fisher.

## Report of the December Meeting of the Board of Trustees

Secretary Hobson:

The regular annual meeting of the Board of Trustees was held in Hotel Statler, Cleveland, Dec. 6, 1913.

Resolutions of appreciation of the life and work of James H. McClelland were sent Dr. McClelland's family.

Reports from the Treasurer, Secretary and Editor were received and made matters of record.

The Council on Medical Education reported progress in their work, with \$8,631.00 pledged and \$2,054.65 collected; also the proposed immediate issuance of an educational report concerning our colleges, to be furnished each Medical Examining Board throughout the United States.

A request was made of the Council on Medical Education to furnish detailed information to the Board of Trustees and Institute membership who are soliciting funds for the Council concerning the work already done and work proposed.

A request was made to President Custis of the Institute of Drug Proving, that he present to the 1914 session of the Institute a full and detailed statement of the work accomplished and proposed by the Institute of Drug Proving.

A report of progress in the matter of American College of Surgeons was made by Chairman Wood.

Definite organization of the College Alliance was reported by Dr. Hinsdale, Trustee Committee on College Alliance.

The Finance Committee reported the finances of the Institute to be in good condition, and the various departments of the Institute work living within their budgets.

Dr. Carmichael reported the completion of the 3rd edition of the *Pharmacopœia*, and its early publication.

Dr. Norton, Chairman of the Finance Committee, was placed in charge of arrangements for the present meeting, and the exhibits were taken under the direct management of his committee, the net proceeds to accrue to the treasury of the Institute.

President Wilcox presented suggestions in detail on propagandism and business management. This was published in full in the December JOURNAL.

The resignation of the Secretary, Dr. J. Richey Horner, was accepted, and Dr. Sarah Hobson was elected to fill the unexpired term and also elected Editor of the JOURNAL.

Dr. Horner was elected member of the Board of Trustees to fill the unexpired term of Dr. J. H. McClelland.

A proposal from Phi Alpha Gamma Fraternity to offer gold medals for individual original research was accepted and referred to a committee with power to act.

The President was instructed to arrange with the Local Committee for the addresses to be given in the Atlantic City churches on the Sunday preceding the Institute meeting.

The Finance Committee was empowered to employ provisionally a business manager for the Institute.

Ordered that provision be made for a hospital survey, looking toward standardization of hospital service.

Sarah M. Hobson, Secretary.

Upon motion of Dr. Copeland, seconded by Dr. Krauss, ordered that the report of the Board of Trustees be adopted.

### Report of the Intercollegiate Committee

Chairman Walton:

Mr. Chairman, Members of the Institute: I come before you this morning to exhibit myself to you as an abandoned man. There is no Intercollegiate Committee. We had a resolution passed, obliterating it at my request.

On motion, duly seconded, ordered that Dr. Walton's report as "an abandoned man" be accepted.

President Wilcox: At a former session the Board of Trustees were requested to make a report harmonizing the By-Laws referring to new members. Is that report ready?

Report read by Dr. Hobson:

Proposed amendment to Article V, Section 2, of the By-Laws. Insert the following after the first sentence: Physicians applying for membership during the three years following graduation are admitted upon a sliding scale, paying two dollars the first year, three dollars the second year, four dollars the third year and five dollars thereafter. All other applicants shall pay three dollars, membership dues.

The entire section will then read as follows: Members shall pay annually the sum of three dollars toward defraying the expenses of the Institute and may pay two dollars for the subscription to the JOURNAL of the Institute. Physicians applying for membership during the three years following graduation are admitted upon a sliding scale, paying two dollars the first year, three dollars the second year, four dollars the third year and five dollars thereafter. All other applicants shall pay three dollars membership dues. The transactions of the Institute shall be sent to those members only who have paid their dues. The JOURNAL shall be sent to those only who have paid their subscriptions.

Dr. Hills Cole: There still is some confusion. You ask some to pay five dollars while the rest pay three dollars. It does not establish the fact that the two dollar difference is for JOURNAL subscription.

Dr. Horner: In order to get this before the house I move the adoption of the report.

Dr. Wood: Seconded.

President Wilcox: You have heard the motion. Are there any remarks?

Dr. Horner: This is a difficult proposition. We are up against the proposition that the postoffice authorities require us to have a specified provision for JOURNAL subscription. The two dollars must be credited to the JOURNAL. The section now printed in the Constitution and By-Laws was written in the Post Office Department at Washington by one of the government men.

Dr. Hills Cole: But that does not clear up the situation, except that we assume from the fact that we have made a division of the first part of the section, that a similar division is to be made of the second part, but we do not say so.

Dr. Krauss: I think Dr. Cole is right, in so far as the statement does not express the intention Dr. Horner presents.

**Dr. Baxter:** If the Post Office authorities put on it the interpretation indicated by Dr. Horner, that will be all right, but there is no specific provision made for subscription in the two, three, four dollar dues and we may run up against it. I have an amendment to the motion that the Trustees have power to change the wording in this section, if on consultation with the Post Office authorities it is found best to do so.

Seconded.

**President Wilcox:** Are you ready for the amendment that it be referred back to the Trustees with power to change the wording so that it will be in conformity with Post Office requirements? Those in favor signify by saying "aye." Contrary "no." The amendment is carried.

Are you ready for the question of the adoption of this change in By-Laws, with the exception that the Trustees correct this so far as the postal authorities are concerned? All in favor signify by saying "aye." Contrary "no." It is so ordered. Motion carried.

President Wilcox announced that delegates have been appointed to The Hague Conference, and certificates have been given to others who are going abroad, and who will be at The Hague.

**Dr. Petrie Hoyle:** The Executive Committee apportioned fifteen representatives to the United States, but we should like as many to go as possible. If any of you are going to Europe, a cordial invitation is extended to you to turn aside for two or three days to be with us at the Hague.

### **Delegates to the Hague Conference**

International Homœopathic Council.

Jas. W. Ward, San Francisco.  
Wm. Davis Foster, Kansas City.  
Chas. R. Sumner, Rochester, N. Y.  
Orange S. Runnels, Indianapolis.  
Harlan B. Cole, New York City.  
Arthur B. Norton, New York City.  
G. Forrest Martin, Lowell.

### **Additional Representatives Who Are Going Abroad and Have Expressed A Purpose to be at the Hague.**

Wm. D. Van Lennep, Philadelphia.  
John P. Sutherland, Boston.

E. Petrie Hoyle, London.  
 Egbert G. Rankin, New York City.  
 Horace Packard, Boston.  
 Florence N. Ward, San Francisco.  
 Claude E. Burrett, Ann Arbor.  
 Chas. E. Sawyer, Marion.  
 Frank A. Kelly, Detroit.

### Report of the Board of Trustees on Place of Meeting, 1915

Dr. Carmichael, Chairman of Committee on Place of Meeting:  
 It might be well to take time to acquaint the Institute with the method pursued by the Board of Trustees in selecting the place of meeting. As Chairman of the Committee this year, I took into account the fact that this is an incorporated body, that it has an official JOURNAL which reaches all its members, and it seemed to me that an ideal way of finding out the sentiment of the members, in regard to invitations at least to any particular place, would be to thoroughly advertise in that JOURNAL as to what the Institute required, and what information was absolutely necessary for the Board of Trustees as a business body. To that effect I had inserted in the JOURNAL for two months consecutively, then an intermission of a month, and then inserted again, the specifications required in extending an invitation to the Institute: that we must know, for instance, that the place had sufficient hotel accommodations, that there would be sufficient space assigned, not only for the assembly, but for the various committees, trustees; also space for exhibits. After receiving the invitations from the various places, the Committee made a counting of points, and the place having the greater number of points of interest to the Institute was selected as the place for the next year's meeting.

### Report of Committee on Place of Meeting

(as presented to the Board of Trustees)

Mr. President and Members of the Board of Trustees:

As the result of an earnest effort to secure the best location for the meeting of the Institute in 1915, your Committee received invitations from the following places:

Oakland, Cal.  
 San Francisco, Cal.  
 Baltimore, Md.  
 New Orleans, La.  
 Long Beach, Long Island, N. Y.

The invitation from Oakland was from the Oakland Commercial Club and was apparently such a letter as it is sending to other bodies who may be holding meetings during the Exposition. There was a somewhat similar invitation from the Department of Liberal Arts, Panama-Pacific International Exposition in San Francisco. Both of these were unaccompanied by any details that would justify us in their serious consideration.

The invitation from Baltimore was from Dr. Stevenson, Chairman of a Committee of the Maryland State Homœopathic Society which is very desirous to have the Institute meet there as a means of healing factional strife among the profession in Maryland.

An invitation was also received from the Merchants' and Manufacturers' Association of Baltimore, calling attention to its ample hotel accommodations, many historic features, beauties and diversions.

In spite of these and calling Dr. Stevenson's attention to the specifications required in our notices in the JOURNAL, we have received no details of hotel rates, space for exhibitors, etc., upon which we could act in considering their invitation.

New Orleans, La., through Dr. Harper, President and Chairman of the Invitation Committee, Hahnemann Medical Association of Louisiana, renewed its invitation to meet there in 1915. In addition the Acting Mayor of New Orleans and the Association of Commerce also sent invitations. Dr. Harper sent specifications in regard to rates meeting rooms, etc.

Long Beach, Long Island, N. Y. This place was called to our attention through Dr. A. B. Norton, and we found that it offered greater inducements for our meeting in 1915 than any of the others.

In company with Dr. Norton, your Chairman visited the place and found a great willingness to co-operate with the Institute—to grant all that we asked in reference to accommodations, rates, space for exhibits, meeting rooms and recreation. In short, the desire to have the Institute at this new and growing resort prompted them to offer more than has been our share at any place visited in recent years.

The Chairman of our Finance Committee thinks we should clear from twenty-five hundred to three thousand dollars for the Institute from our exhibits under the favorable auspices at this place.

To briefly mention the principal points in their offer—the Institute meetings would take place in the Hotel Nassau in a large new room, 180x40, with seating capacity of 1,000. This room is parallel with the boardwalk and its windows afford ocean views. A second room will seat 300, a third seats 100, and there are other rooms for Trustees, Seniors and Committees.

For exhibits there is the long main corridor, 200 feet long by 25 feet wide. This hall runs the length of the main room in which the general meetings would be held, and from it runs the main dining room and the smaller rooms. The rear of the main dining room affords additional space so that there will be ample space for all.

These rooms and space and all the facilities of the hotel, such as a reception and dance with refreshments and their chief orchestra on the opening day, are furnished without extra charge. The menu for the banquet and music for the same are furnished without additional cost.

A fund of \$1,000 will be provided by the hotels and others at Long Beach for special entertainments. This may take the form of a vaudeville entertainment, or in various ways, such as motor trips

across the island, a fishing party out to sea, or in any way your Committee may suggest.

Motor cars, wheel chairs, or boats for individual use will be furnished at 50 per cent of the regular cost.

At the Nassau one may dress in one's room and go direct to the Beach, thus avoiding the bother of the bath house.

All bath-rooms of the Nassau have hot and cold sea water.

Hotel Nassau accommodates about 600.

Special rates on American plan:

|                                            |                 |
|--------------------------------------------|-----------------|
| 1 person in double room with bath.....     | \$ 6.00 per day |
| 2 persons in double room with bath.....    | 10.00 per day   |
| 1 person in single room without bath.....  | 4.50 per day    |
| 2 persons in double room without bath..... | 8.00 per day    |
| Long Beach Inn accommodates about 100.     |                 |
| 1 person, room and bath.....               | \$5.00 per day  |
| 2 persons, room and bath.....              | 7.50 per day    |
| 1 person, room without bath.....           | 3.50 per day    |
| 2 persons, room without bath.....          | 6.00 per day    |

Hotel Brighton accommodates about 175.

Rates same as Nassau.

Hotel Abell has rooms for about 100. Rates, \$3.50 single, and \$6.00 to \$7.00 per day double, on American plan.

The Long Island Railroad will make terms for a large party. Its trains leave the new Pennsylvania Railroad Station in New York City and reach Long Beach in about forty minutes.

The resort is a beautiful one with the cleanest beach imaginable. Five miles of boardwalk with everywhere an unobstructed ocean view.

With these and other attractions coupled with the fact that two successive meetings in the East before again going beyond our center of population would seem to be, for the best interests of the Institute, your committee would recommend that the 1915 meeting of the American Institute of Homœopathy be held in the Hotel Nassau, Long Beach, Long Island, N. Y.

Respectfully,

T. H. Carmichael,

Committee on Place of Meeting.

Since the above was written, invitations have been received from the Conventions Bureau of St. Louis, endorsed by several other bodies, and from the Hotel Martinique of New York City.

Since coming to the meeting here we have heard considerable surprise expressed that the Committee did not decide in favor of Portland, Ore., on account of the verbal invitations received from that state during several past meetings. We have only this to say, as Chairman of the Committee, that the Board of Trustees of an incorporated institution such as this is absolutely obliged to do business in a businesslike way. We never heard a single word, not a single line of any kind from Portland. When Dr. Horner transmitted to me what communications he had received from various places, there was

nothing from the city of Portland in any way whatsoever, and judging from the telegram just received that "California and Washington are passive" it is very doubtful if the thirty-five physicians of Oregon are at the present time a unit in inviting the Institute to come there. You see, therefore, it would have been utterly impossible for the Committee to have reported to the Board of Trustees in favor of Portland.

Upon motion, duly seconded to receive the report, a prolonged discussion followed. Drs. Copeland, H. P. Cole, Newton, Clark, spoke against a place within so short a distance of the 1914 meeting, and in behalf of some place on the route of the westward travel in 1915 to the Panama-Pacific Exposition at San Francisco.

Dr. Carr extended an informal invitation to Lincoln, Nebraska. Dr. King spoke for Seattle.

Dr. Wood made a plea for an uninterrupted scientific session.

Dr. Stout for a meeting south of the Mason and Dixon Line, declaring New Orleans a desirable meeting place.

Dr. Carmichael, in response to the questions raised in the course of the discussion, replied that in his opinion it would be impossible to get the membership to go to New Orleans in the summer; that the invitation from Baltimore did not receive the endorsement of the local profession; that Oakland sent no specifications; that the Trustees were entirely independent of the local profession, to the extent of relieving the local profession from any financial responsibility; that \$2,032 was realized from the exhibits this year; that the prospect at Long Beach next year would be to reach or exceed that amount; that the committee's purpose was to secure the best thing for the interests of the Institute.

Upon order of the President, the Secretary read Art. X, Sec. 9, of the By-Laws:

The determination of the next place of meeting shall take place as follows: All invitations for places of meeting shall be forwarded to the Board of Trustees before June first, preceding the annual session, whereupon the Board shall investigate the various places, with reference to accommodations, hotel rates, railroad facilities, and obtain all necessary information. The Board of Trustees shall not be limited in their selection to places proposed as above. The Board's report shall be made to the Institute, when the location has been determined.

Also Article XII:

These By-Laws may be altered or amended by a vote of two-thirds of the members of the Institute present at any session of the annual meeting, provided that notice of such alteration or amendment shall have been given at the previous annual meeting. They may be suspended at any session of the annual meeting by a two-thirds vote of the members present.

Motion to suspend the By-Laws, Art. X, Sec. 9, was lost; affirmative 67, negative 54.

After further discussion in which Dr. Carmichael assured his audience that the Board of Trustees is willing to consider the place of meeting from now until the December meeting of the Board;

Dr. Copeland called attention to the fact that of 354 members registered in the *Atlantic City Review*, 183 have come from west of Pittsburgh and urged the selection of some place in the western part of the country;

Dr. Varner recalled the fact that at the Denver meeting the East was very poorly represented, that nearly all the members in attendance were from the West.

Dr. Mann recalled the experience of the Institute in the past from selecting the place of meeting by popular vote on the floor; that the matter had been put into the hands of the Trustees to avoid just this peril; that if the Institute membership cannot approve the action of the Trustees, the recourse in future is to change the Board; that if the Board has carefully investigated and made a report, it is a duty to accept that report.

Dr. H. P. Cole advocated some place which should be in the course of the westward travel of 1915.

Dr. Roberts expressed assurance that the Board of Trustees exists for the purpose of carrying out the wishes of the Institute, that the Board is willing to give six months more time to the consideration of the subject, that the Board probably has heard more of the wishes of the Institute today than it has heard in all the preceding year.

Finally ordered, upon motion of Dr. Krauss as amended by Dr. Roberts, that the place of meeting in 1915 be referred back to the Board of Trustees.

### Report on Registration

Dr. Forbes:

Total registration, 1,105. Of this number there were 580 physicians, 550 visitors, and 75 exhibitors. There is a discrepancy so far as the newspapers are concerned, owing to the fact that some of the names did not get into the paper. This registration of 1,105 is the largest we have had in a number of years.

On motion of Dr. Wood, ordered that the Registrar's report be accepted.

The Secretary made the following announcements:

1. A notice from the Board of Trustees, to make certain proposed changes in the phraseology of the By-Laws with a view to harmonizing conflicting sections to be acted upon at the 1915 session.

2. A proposed amendment to the By-Laws, submitted over the signatures of Drs. Foster and Royal: Strike out the whole of Section 8, Article X, and insert in lieu thereof the following:

**The nominations for officers** shall be in the hands of the Secretary of the Institute before the **first day of February** preceding the date of the annual session of the Institute. Any member of the Institute meeting the requirements of Article II, Section 1 of the By-Laws, and who has the **endorsement of fifty members** of the Institute shall be considered a nominee. No nomination shall be considered after the first day of February preceding the annual session. If no nomination papers are handed in it shall be the duty of the Board of Trustees to see that at least one paper shall be presented to the Secretary for each of the elective offices.

At least sixty (60) days before the date of the annual session of the Institute the Secretary shall prepare a ballot on which shall be printed the names of all the nominees for all the offices of the Institute and shall mail a copy to every member of the Institute. Accompanying the ballot shall be three envelopes designated I, II and III, the first to receive the vote of the member for officers, the second the vote of the member upon questions of policy and the third for the purpose of returning the votes of the member to the Secretary. Upon envelope No. III the member shall write his name and address. Envelope number III including envelopes number I and II must be in the hands of the Secretary **fifteen days before the first day of the annual session.**

The Secretary of the Institute, together with two members appointed by the Board of Trustees shall constitute a committee whose duty it shall be to canvass the votes and present the result to the President of the Institute before 10 a. m. of the first day of the annual session.

Dr. Hobson: The third announcement is a motion:

I move you that a committee of three members of the American Institute of Homœopathy be appointed by the President of said Institute, to revise its Constitution and By-Laws, and to report such revision at the next annual session for consideration and adoption.

F. L. Newton.

President Wilcox: The notices do not require any action. This motion does require action.

Dr. Wood: I believe it is a good motion. I think it is time this Institute stopped consuming most valuable time. The Institute should leave these little things to the Board of Trustees where they belong and try to accomplish something in a scientific way. I move that it be adopted. Seconded by Dr. Harper and ordered that such a committee be appointed.

President Wilcox appointed as committee on revision Drs. James C. Wood, Royal S. Copeland, J. Richey Horner.

#### Final Report of Bureau Chairmen: Bureau of Homœopathy

Dr. Harper:

We had eighteen papers in the Bureau this year. All essayists were present with the exception of four. The papers were of more than ordinary interest. The papers not presented were those by R. F. Rabe, New York, Lincoln Phillips of Cincinnati, W. A. Boies of Knoxville, J. B. G. Custis of Washington, D. C., A. L. Smether of Anderson, S. C.

Upon motion of Dr. Hills Cole, ordered that report be adopted.

No report from the Bureau of Clinical Medicine, Materia Medica, Pedology or Dermatology and Genito-Urinary Diseases.

#### Bureau of Sanitary Science

Dr. Hills Cole:

The only report I have to make is that the prolonged session yesterday so encroached on the time of the session that we were able to have but one paper.

Dr. R. O. Keiser presented a recommendation from the Ohio State Society:

Following out the unanimous approval by the Homœopathic Medical

Society of Ohio of the recommendation of its Secretary that some method of organization be presented to the Institute for its approval and adoption, Dr. R. O. Keiser offers the following:

Resolved, That the following proposition be made by the American Institute of Homœopathy to the various state Homœopathic societies:

First. That the dues of each society be \$5.00 per annum.

Second. That membership in each state society shall carry with it membership in the American Institute of Homœopathy.

Third. That the dues be apportioned as follows: Two dollars to each state society; \$3.00 to the Institute.

Fourth. That the Institute JOURNAL shall use papers from all state societies, print such local news or news of interest as may be furnished and be sent to every member of the state societies.

Resolved, That the Secretary of each state society be made Assistant Secretary of the Institute.

President Wilcox: This will be referred to the Committee on Resolutions.

Dr. Horner: In our list of active members are two foreign physicians who have rendered signal service to homœopathy in their respective countries, and one throughout the world. I would move you, Mr. Chairman, that these two members be transferred as a mark of honor and distinction to the corresponding list. I refer to Richard Haehl, of Stuttgart, Germany, a member for fifteen years, and E. Petrie Hoyle, of London, England, a member for fourteen years.

On motion of Dr. Walton, ordered that Dr. Richard Haehl and Dr. Petrie Hoyle be transferred from active to Corresponding Membership.

In the absence of the Chairman of the Board of Censors the Secretary presented

### Final Report of the Board of Censors

There are two applications, properly endorsed, not yet acted upon:

Dr. Judson G. Cottrell, Hahn. Phil. 1906, Perth Amboy, New Jersey.

Dr. Donald Rankin, N. Y. F. 1914, Pittsburgh, Pa.

On motion of Dr. Horner, duly seconded, ordered that the By-Laws be suspended and these two candidates elected to membership.

The final report of the Board of Censors gives a total of the following 193 new members added, 1913-1914, to the active membership list, and by recommendation of the Board

of Censors and vote of the Institute, 3 names added to the corresponding membership:

#### American Institute of Homœopathy

- Adamian, Hovsep Garo, A. B. (B. U. 1914), 111 Thornton St., Revere Mass.
- Adriance, Frank W. (Phil. 1877), 405 Euclid Ave., Elmira, N. Y.
- Alexander, Kirke L., B. S. (B. U. 1914), R. F. D. 2, Box 61, Orange, Mass.
- Alway, Guy (Mich. 1914), Whitmore Lake, Mich.
- Armstrong, Dean Kirtley (Mich. 1911), 841 West Central Ave., Toledo, Ohio.
- Axford, Walter J. (Phil. 1904), 44 East Walnut Lane, Philadelphia
- Baker, Rinaldo Everett (K. C. 1912), Belle Plaine, Kansas.
- Barker, Walter C. (Phil. 1903), 2820 Girard Ave., Philadelphia.
- Barnes, Paul D. (Pac. 1913), 2121 Emerson St., Berkeley, Calif.
- Barrett, Onie A. (Clev. 1893), 1423 Locust St., Philadelphia.
- Barrett, Wesley J. (Phil. 1901), 510 Broadway, Camden, N. J.
- Beardsley, Frank Allen (Chic. 1914), Euclid, Minn.
- Belting, Arthur Whitaker (Phil. 1903), E. Hanover & Montgomery Sts., Trenton, N. J.
- Blew, Edgar Maule (Phil. 1914), Hahnemann Hospital, Philadelphia.
- Bose, Bejoy Kumar (K. C. 1914), Wettner Institute, Nevada, Mo.
- Bowie, Eleazar R. B. S. (Phil. 1914), Hahnemann Hospital, Philadelphia.
- Boynton, L. R. (N. Y. F. 1902), 115 Park Ave., Mount Vernon, N. Y.
- Brodhead, William Francis (N. Y. F. 1911), 272 W. 119th St., New York, N. Y.
- Brown, McCarter (N. Y. F. 1910), 32 Park Ave., Yonkers, N. Y.
- Browne, Chas. F. (Chic. Hom. 1898), 211 Sixth St., Racine, Wis.
- Brownell, Gladys H. (B. U. 1912), 7 Irwin St., Winthrop, Mass.
- Buckley, James B. (C. P. 1912), 1530 Mount Vernon St., Philadelphia.
- Bunker, Media A (Mich. 1905), 3206 Prospect Ave., Cleveland, Ohio.
- Burch Edward Judson (Mo. 1887), 606 South Main St., Carthage, Mo.
- Butterfield, Arey A. (Phil. 1910), 36 Pennington Ave., Passaic, N. J.
- Calderwood, Edward S. M. D., 223 Warren St., Roxbury, Mass.
- Carlson, Augusta N. (B. U. 1914), 8 Curtis St., East Boston, Mass.
- Champlin, Paul M. (Mich. 1914), Buffalo Hom. Hosp., Buffalo, N. Y.
- Cheney, Harry C. (B. U. 1901), 317 Main St., Palmer, Mass.
- Citron, I. Jesse (Pac. 1914), County Hospital, San Francisco, Cal.
- Clark, Harold B. (K. C. 1908), 415 Altman Bldg., Kansas City, Mo.
- Clement, Samuel A. (B. U. 1914), 329 Stackpole St., Lowell, Mass.
- Coates, Everett Walton (B. U. 1912), Main St., Farmington, N. H.
- Cobb, Edward W. (Chic. 1914), 2814 Groveland Av., Chicago.
- Coles, Howard L. (N. Y. F. 1895), 21 South Broadway, Tarrytown, N. Y.
- Conrad, Arthur C. (Chic. 1914), Metropolitan Hospital, New York, N. Y.
- Corson, Allen (Phil. 1907), 816 Wesley Ave., Ocean City, N. J.
- Cottrell, Judson G. (Phil. 1906), 288 Madison Ave., Perth Amboy, N. J.
- Cottrell, Samuel Smith, 2nd (B. U. 1914), 617 Chamberlayne Ave., Richmond, Va.
- Daniels, Louis Riley (B. U. 1914), 246 Central Ave., Pawtucket, R. I.
- Darling, Milton Alfred, D. D. S. (Mich. 1914), 911 Greenwood Ave., Ann Arbor, Mich.
- Dean, Horace B. (Chic. Her. 1910), 202 Oak St., Audubon, N. J.
- Dillenback, Emil U. (B. U. 1914), 14 Palmer Ave., Springfield, Mass.
- Dixon, Chas. A. (Clev. 1894), 707 Second Natl. Bldg., Akron, Ohio.
- Dixon, William Walter (Clev. 1894), 894 East Market St., Akron, Ohio.
- Dods, Abraham W. (Chic. 1878), 66 East Main St., Fredonia, N. Y.
- Dorr, Henry Bryan, B. S. (N. Y. F. 1909), 67 Main Ave., Ocean Grove, N. J.

- Douds, Edward Hill (Phil. 1907), 1208 Eighth Ave., Beaver Falls, Pa.  
 Dudley, Erwin F. (Chic. 1912), Cerro Gordo, Ill.  
 Duncan, Frank (Chic. 1875), Paxton, Ill.  
 Dunton, Allen Henry (Mich. 1911), 2810 Madison Road, Cincinnati, Ohio.  
 Edmundson, Thomas P. (Phil. 1912), 3509 Fifth Ave., Pittsburgh, Pa.  
 Emery, Robert Lovett (B. U. 1908), 54 Broadway, Rockport, Mass.  
 Emmel, Alfred C. (N. Y. F. 1906), 111 Second Ave., Mount Vernon, N. Y.  
 Eubank, J. Nelson (Chic. 1910), Rhame, No. Dark.  
 Ewing, Edgar Edison (Pac. 1912), 494 Haight St., San Francisco.  
 Fama, Charles (N. Y. F. 1914), 2801 Valentine Ave., Bronx, New York, N. Y.  
 Faringer, Howard R. (Phil. 1897), Swarthmore, Pa.  
 Faris, Ralph S. (Chic. 1911), 2 West North Central Ave., Tuscola, Ill.  
 Farr, Margaret Elizabeth (Chic. 1914), 19 West 101st St., New York, N. Y.  
 Fay, Emma Hooker (B. U. 1909), State Hospital, Westboro, Mass.  
 Ferree, Judson A. (Mich. 1909), 10 Cambridge St., Dayton, Ohio.  
 Finch, Edward L. (Phil. 1909), 250 West 78th St., New York, N. Y.  
 Fischbach, H. P. (Pul. 1909), Newport, Ky.  
 Fisk, Carlos Albert (S. W. 1909), Frankfort, Ky.  
 Fitch, Stewart J., D. O. (Chic. 1914), 600 Kesner Bldg., Chicago, Ill.  
 Fleek, Bernice A. (Chic. 1913), 515 Barry Ave., Chicago.  
 Fleissner, Cuthbert M. (Pac. 1913), 2560 Vallego St., San Francisco.  
 Folger, George Arthur (B. U. 1911), 1269 Commonwealth Ave., Allston, Mass.  
 Fox, William C. (Chic. 1914), 2444 Jackson Blvd., Chicago.  
 Franck, William L. (Phil. 1897), 219 W. Tabor Rd., Philadelphia.  
 Freidmann, Leonard Louis (Phil. 1911), 518 Princeton Ave., Trenton, N. J.  
 Gillard, David (Clev. 1878), 218 Madison St., Port Clinton, Ohio.  
 Glover, Leslie (K. C. 1911), Williamsburg, Mo.  
 Grimshaw, Oliver (Phil. 1890), Swedesboro, N. J.  
 Hadley, Rollin V. (Mich. 1914), Buffalo Hom. Hosp., Buffalo, N. Y.  
 Hagerman, David Benj. (Mich. 1914), 313 Metz Bldg., Grand Rapids, Mich.  
 Hale, Harriet W. (N. Y. W. 1906), 306 Decatur St., Brooklyn, N. Y.  
 Hardy, Arthur H. (N. Y. F. 1902), 146 Prospect Ave., Mount Vernon, N. Y.  
 Hartley, R. Agnes (B. U. 1899), 9 Upland Rd., North Cambridge, Mass.  
 Hepburn, Donald Stewart (B. U. 1912), 819 Auburn Ave., Buffalo, N. Y.  
 Hewitt, Chas. E. (Phil. 1893), 70 Crown St., Meriden, Conn.  
 Hill, David Blackwell (N. Y. F. 1910), 30 West 48th St., New York, N. Y.  
 Hill, R. Franklin (Phil. 1909), 1535 Chestnut St., Philadelphia.  
 Hoffman, Harry F. (Phil. 1910), Hom. State Hos., Allentown, Pa.  
 Holden, George Parker (N. Y. F. 1894), 122 McLean Ave., Yonkers, N. Y.  
 Howell, Ellen E. W. (N. Y. W. 1892), 254 South 16th St., Philadelphia.  
 Huntley, Wellington B. (Mich. 1914), Lowell, Mich.  
 Ideson, Robert Scott (Mich. 1914), Hom. Hosp., Ann Arbor, Mich.  
 Irvin, Harry Clay (Chic. 1914), Earlham, Ia.  
 Jackowitz, Gabriel J., Ph. B. (B. U. 1907), 312 Orange St., New Haven, Conn.  
 Jewett, Howard W. (Phil. 1905), Wymans Exchange, Lowell, Mass.  
 Jewett, Stephen Perham (N. Y. F. 1910), 189 Delaware Ave., Buffalo, N. Y.  
 Johns, Miles W. (N. Y. F. 1903), Evans Bldg., Utica, N. Y.  
 Johnson, Bertram (Chic. Her. 1909), Avant, Okla.

- Jones, Frank L. (B. U. 1914), 130 Linden Ave., Malden, Mass.
- Kellogg, Fannie Herriott (N. Y. W. 1882), 22 Franklin Ave., New Rochelle, N. Y.
- Kinsley, Wm. Gottlieb (B. U. 1914), 43 Alden St., Whitman, Mass.
- Kirk, Lucy Anne (B. U. 1893), 677 Dudley St., Boston, Mass.
- Knox, Sherman S. (Chic. 1914), 4511 Indiana Ave., Chicago.
- Krusen, Francis Twining, A. B. (Phil. 1914), 1213 W. Main St., Norristown, Pa.
- Lee, Edwin Delano (B.U. 1914), 29 Thompson St., Quincy, Mass.
- Lehman, Franklin F. (Mich. 1891), 228 Wayne St., Sandusky, Ohio.
- Leopold, Herbert P., A. M. (Phil. 1896), 1825 Chestnut St., Philadelphia.
- Lewis, Clarence J. (Phil. 1891), 7004 Torresdale Ave., Philadelphia.
- Lowry, Nelson H. (Chic. 1910), 929 Belmont Ave., Chicago.
- Madden, Joel Davis (N. Y. F. 1876), Lincoln Place, Ossining, N. Y.
- Majumdar, J. N. (Chic. Hering), 203 Cornwallis St., Calcutta, India.
- Maldeis, Albertos M. K. (Phil. 1914), 818 Federal St., Camden, N. J.
- Marcy, Wm. Henry (N. Y. F. 1893), 32 W. Utica St., Buffalo, N. Y.
- Mathewson, Frank Weeden (B. U. 1914), 99 Clinton St., New Bedford, Mass.
- McCullough, John H. (Phil. 1892), 523 East State St., Trenton, N. J.
- Merrell, Albert F. (Phil. 1888), 4 Pine St., Hallstead, Pa.
- Miller, Otis F. (S. W. 1902), Vine Grove, Ky.
- Miller, Thos. E. (Chic. 1914), Cresco, Ia.
- Moore, Frank F. (Phil. 1911), 607 Berkley St., Camden, N. J.
- Moore, Fredrika, A. B. (B. U. 1910), 31 Church St., Winchester, Mass.
- Morley, Francis Wayland (C. P. 1911), 2647 Monroe St., Toledo, Ohio.
- Nothdurft, Daniel H. (Mo. 1902), Otis, Kans.
- Nowell, Howard W. (B. U. 1911), 535 Beacon St., Boston, Mass.
- Nugent, W. Haggard (Phil. 1910), 294 Elm St., New Haven, Conn.
- Ohdedar, Girindra N. (K. C. 1914), 2 Way Road, Lucknow, India.
- O'Sullivan Timothy Jos. (B. U. 1914), 15 May St., Biddeford, Maine.
- Parris, Roland Oliver (B. U. 1914), 251 Pleasant St., Brockton, Mass.
- Peck, Lester E. (Mich. 1894), Buchanan, Mich.
- Perkins, Allan Armistead (Phil. 1914), 328 West York St., Norfolk, Va.
- Perry, Lillian Garabrant (N. Y. W. 1896), 59 Magazine St., Cambridge Mass.
- Phillips, Edward John (Mich. 1914), Ernest Wende Hospital, Buffalo, N. Y.
- Pickard, Orlando W. (Mich. 1914), Hom. Hosp., Ann Arbor, Mich.
- Pillsbury, Curtis Dudley (Mich. 1914), 523 Packard St., Ann Arbor, Mich.
- Pitcairn, Edward Alexander (Phil. 1912), 806 Rebecca Ave., Wilkinsburg, Pa.
- Potter, Mary E. (N. Y. W. 1899), 290 DeKalb Ave., Brooklyn, N. Y.
- Prugh, Merrill D. (Phil. 1909), 1121 North Main St., Dayton, Ohio.
- Quick, Audley V. (N. Y. F. 1902), 204 Washington Ave., Yonkers, N. Y.
- Rafacz, M. E. (Chic. 1914), 2918 Groveland Ave., Chicago.
- Rankin, Donald T. (N. Y. F. 1914), Hom. Hosp., Pittsburgh, Pa.
- Raymond, Bertha C. (Chic. 1914), 7411 Bond Ave., Chicago.
- Reed, Fred R. (Mich. 1914), 801 E. Huron St., Ann Arbor, Mich.
- Reed, Grace D. (B. U. 1914), Mass. Hom. Hosp., Boston, Mass.
- Ridley, Sylvester R. (Chic. 1913), Mineral Point, Wis.
- Roch, Victor L. (Pac. 1913), 4044 California St., San Francisco.
- Rodger, James Y. (B. U. 1914), 44 Houghton St., Lowell, Mass.
- Rounds, Fred C. (Clev. 1909), 2830 E. 3rd St., Dayton, Ohio.
- Rowell, E. Everett (Phil. 1899), 325 Atlantic St., Stamford, Conn.
- Russell, Antoinette E. C. (N. Y. W. 1890), 5348 Wayne Ave., Germantown, Philadelphia.
- Salvin, Louis W. (B. U. 1914), 44 Wayland St., Boston, Mass.
- Sampson, David G. (K. C. 1914), 2011 Benton Blvd., Kansas City, Mo.

- Schairer, Mildred L. (Mich. 1911), 810 North Clinton St., Rochester, N. Y.
- Schairer, Wm. W. (Mich. 1911), 810 North Clinton St., Rochester, N. Y.
- Schofield, Hugh R. (Chic. 1901), 746 E. 47th St., Chicago.
- Serio, Philip Preston (Mich. 1914), 114 Erie St., Albion, Mich.
- Shallcross, Isaac G. (Phil. 1887), 304 Perry Bldg., Philadelphia.
- Shamer, Maurice E. (Sou. Hom. 1904), 548 North Fulton Ave., Baltimore, Md.
- Shawen, Chas. E. (Chic. Hom. 1901), 1615 North Main St., Dayton, Ohio.
- Shedd, Bert D. (Clev. 1898) Arcade, N. Y.
- Sheen, Rodman E. (Phil. 1911), 1542 Atlantic Ave., Atlantic City, N. J.
- Shemeley, Jr., W. G. (Phil. 1910), 7 Haddon Ave., Camden, N. J.
- Shepard, Marian (B.U. 1912), 150 Elm St., Northampton, Mass.
- Shoemaker, George G. (Mich. 1914), 1145 Washtenaw Ave., Ann Arbor, Mich.
- Shoemaker, James B. (Pul. 1910), 212 East Maple Ave., Noblesville, Ind.
- Shuto, Furman R. (Phil. 1899), 1516 Mt. Vernon St., Philadelphia.
- Siemon, Lester E. (Clev. 1896), 2174 E. 49th St., Cleveland, Ohio.
- Sinha, Ganendra N. (K. C. 1914), 1 Panchanon Ghose Lane, Harison Road, Calcutta, India.
- Sisson, Mabel C. (B. U. 1899), 348 Putnam Ave., Brooklyn, N. Y.
- Skiff, Walter C. (N. Y. F. 1883), 1184 Chapel St., New Haven, Conn.
- Smith, F. DeWitt (Phil. 1910), Broad St., Guilford, Conn.
- Smith, John J. (Pac. 1913), 65 Alpine Terrace, San Francisco.
- Snow, Wm. S. (Pul. 1896), Main St., Georgetown, Ky.
- Sprague, Stanley (Pac. 1914), Suisun, Solano Co., Cal.
- Springer, Ralph W. (K. C. 1914), Kingman, Kans.
- Stegmenn, Joseph A. (Phil. 1912), 4807 E. Thompson St., Philadelphia.
- Steinmetz, Deacon (Phil. 1895), 2314 North Broad St., Philadelphia.
- Stewart, Neville E. (Mich. 1914), Wauseon, Ohio.
- Stone, Florence A. (Mich. 1910), 229 North Genesee St., Waukegan, Ill.
- Streeter, Howard A. (B. U. 1898), 23 Pleasant St., Marblehead, Mass.
- Stumpf, Elmer H. (Phil. 1912), 201 Linwood Ave., Buffalo, N. Y.
- Syndergaard, Hyrum F. (Chic. 1914), 2940 Vernon Ave., Chicago.
- Taylor, Herbert E. (Chic. 1914), 5036 Woodlawn Ave., Chicago.
- Thurlow, Ralph M. (Chic. 1914), Stonington, Maine.
- Todd, Helen B. (B. U. 1914), 47 Linsley Ave., Meriden, Conn.
- Trimmer, Leila V. (B. U. 1914), 91 Bullman St., Phillipsburg, N. J.
- Turton, M. Louise (N. Y. W. 1894), 348 Putnam Ave., Brooklyn, N. Y.
- Urich, John H. (B. U. 1892), 434 Columbus Ave., Boston, Mass.
- VanderBogart, Harry E. (Chic. 1914), Metropolitan Hosp., New York, N. Y.
- Varney, James D. (Pul. 1900), Greenfield, Ohio.
- Voorhis, Chas. F. (Phil. 1913), 4th & Morgan Ave., Palmyra, N. J.
- Walker, Robert I. (B. U. 1914), 288 Union St., New Bedford, Mass.
- Warner, Carden F. (Phil. 1904), 816 15th St., Washington, D. C.
- Webster, Rome M. (Phil. 1907), 932 Reibold Bldg., Dayton, Ohio.
- Welch, Wm. B. (Chic. 1906), Woodruff Bldg., Joliet, Ill.
- Westergren, Frances Clarke (B. U. 1892), 5 Hamilton St., Newton Lower Falls, Mass.
- Whitmarsh, Robt. H. (N. Y. F. 1913), 102 Prospect St., Providence, R. I.
- Williamson, W. Raymond, Hamilton, N. Y.
- Worcester, George F. (B. U. 1914), 8 Summer St., Melrose, Mass.

Transferred from active membership to corresponding, by vote of the Institute, "as a mark of honor and distinction":

1914. Haehl, Richard, Helfferich Str., 10, Stuttgart, Germany.

1914. Hoyle, E. Petrie, 84 Holland Park, London, England.

Elected to corresponding membership upon recommendation of the Board of Censors:

1914. Ghose, Sarat Chandra, 1 Kedar Bose Lane, Bhowanipur, Calcutta, India.

#### KEY TO COLLEGES

B. U. Boston University School of Medicine.

Chi. Hahnemann of Chicago.

Chi. Her. Hering of Chicago.

Chi. Hom. Chicago Homœopathic.

Clev. Cleveland Homœopathic.

C. P. Cleveland Pulte.

K. C. Hah. Med. Coll. of Kan. City Univ.

Mo. Medical Coll. of Mo.

Mich. Hom. Med. Coll. Univ. of Mich.

N. Y. F. N. Y. Hom. Med. Coll. and Flower Hosp.

N. Y. W. N. Y. Med. Coll. and Hosp. for Women.

Pac. Hah. Med. Coll. of the Pacific.

Phil. Hahn. Med. Coll. of Phila.

Pul. Pulte Medical.

S. W. South West Hom., Louisville.

Sou. Hom. Southern Hom., Baltimore.

On motion, duly seconded, ordered that the Institute extend a vote of thanks to the Local Committee and to the Press Committee for the cordial reception and splendid treatment; also to Hotel Chalfonte for their generous entertainment.

Adjourned till 9 a. m., Saturday.

Sixth Day, Saturday, 9 a. m., July 4, 1914

Meeting called to order by President Wilcox.

#### Final Report of the Surgical and Gynecological Society

Dr. Chislett:

Sixteen papers presented, seven essayists absent; character of papers excellent; scope of subjects broad; discussions ample and interesting. Appreciation of the officers for loyal support of the members.

Sarah M. Hobson, Secretary.

Adjourned sine die.

Thomas Shearer, Baltimore, A. I. H. 1867, writing of the Institute (J. A. I. H., July, 1914): "One of the inspirations of my professional life. The annual meetings were like consultations on a huge scale. Such occasions enable the members to obtain an experience which only so many diverse minds can produce."

#### TO DR. THOMAS SHEARER

Presenting a portrait-bust of the author.

Since you, rare friend! have tied my living tongue

With thanks more large than man e'er said or sung,

So let the dumbness of this image be

My eloquence, and still interpret me.

Baltimore, 1880.

[Poems of Sidney Lanier.]

## ANNOUNCEMENTS

### Special Meeting of the Board of Trustees

Saturday, October 10, 1914, Chicago

There will be a special meeting of the Board of Trustees of the American Institute of Homœopathy at Hotel La Salle, Chicago, Saturday, October 10, 1914. The meeting is called for 10 a. m.

By order of the President-Elect.

### An Accurate Membership List

It is important that the Institute membership list be accurate in address and beyond criticism in quality, that reference to a fellow member on the ground of membership alone may be reliable. To this end the application blank requires three endorsers, one of whom has personal knowledge of the applicant. For the same reason the board of censors, who pass upon the applicants and recommend them to the Institute, should be members of wide acquaintance throughout the country, and members willing to surrender time and honest work in passing upon candidates with obscure endorsement.

The revised membership list will be printed in the October or November magazine. Members are requested to refer to this list in the issue of November, 1913, and if there is any error in name or address, report promptly to the Secretary.

### The News Letter to the Seniors

The following from the annual news letter to the Seniors from Secretary Smith is of interest to the Juniors as well:

"It was voted that each Senior be requested to make a voluntary contribution of Two Dollars for the payment of the Institute JOURNAL for the current year. The Postoffice Department insists upon the *prepayment* for the JOURNAL in order to have it mailed at the reduced rate; if the Seniors do not make this voluntary contribution, the two dollars must be paid by the Institute before it can be sent. I enclose a blank subscription card for you to sign if you are willing to make this voluntary contribution.

"The following Seniors were initiated and assumed the obligation of membership administered by J. B. Gregg Custis,

one of the Installing Officers: William Rufus King, Arthur B. Norton, Florence N. Ward, Henry A. Whitmarsh, John L. Moffat, Egbert Guernsey Rankin, Job R. Mansfield, Lawrence G. Wilberton, George W. Crosby, Alice Burritt.

"When the Loving Cup was passed around, loving words of encouragement and cheer were spoken by each one present; loving and appreciative words regarding those of our number who had been called from us were spoken, the names of James H. McClelland, Hiram L. Chase, Miles W. Palmer, and Gaius J. Jones being especially spoken of, and the feeling was expressed that although they were not personally present with us, yet they were with us in spirit."

**Obstetrical Society of the American Institute of Homœopathy**  
1914-1915

Robert Milton Richards, Detroit, president.  
Arthur H. Gordon, Chicago, 1st vice-president.  
Leon S. Loizeaux, New York, 2d vice-president.  
Hudson D. Bishop, Cleveland, secretary-treasurer.

**Surgical and Gynecological Society of the American Institute of Homœopathy**  
1914-1915

Claude Burrett, Columbus, O., president.  
Scott Parsons, St. Louis, secretary-treasurer.

**American Homœopathic Ophthalmological, Otological and Laryngological Society**  
1914-1915

Dean W. Myers, Ann Arbor, president.  
M. A. Barndt, Milwaukee, 1st vice-president.  
Frederick Carlton Sage, Waterloo, Ia., 2d vice-president.  
William M. Muncy, Providence, R. I., treasurer.  
Ira O. Denman, Toledo, O., secretary.

**International Hahnemannian Association**  
1914-1915

Edwin A. Taylor, Chicago, president.  
Margaret Webster, Philadelphia, 1st vice-president.  
Grace Stevens, Northampton, Mass., 2d vice-president.  
William R. Powel, Philadelphia, treasurer.  
Frank W. Patch, Framingham, Mass., secretary.

**The Meissen of the American Institute of Homœopathy**  
**1914-1915**

Mrs. Walter Gray Crump, New York City, president.  
 Mrs. M. D. Youngman, Atlantic City, 1st vice-president.  
 Mrs. R. Milton Richards, Detroit, 2d vice-president.  
 Mrs. J. W. Harris, Denver, treasurer.  
 Mrs. J. B. Brown, Denver, secretary.

**The New Hospital at Pottstown, Pa.**

The following account is furnished by Dr. A. Clement Shute:

The new hospital at Pottstown was made possible by the legacy of \$8,000.00 entrusted to her executor, Dr. E. B. Rossiter. Dr. William H. Eck made a generous proposition in transferring his large residential property. To duplicate the property today would mean \$50,000.00.

The formal opening occurred July 22d. William P. Young, member of the Board of Directors, presided. Rev. C. P. Warner, of the First Baptist Church, and Rev. Stanley R. West, of the Christ Episcopal Church, represented the laity on the formal program. Dr. William Speakman spoke for the doctors. Among the visitors were Drs. Ashcraft, Williams, Palen, Bernstein, Hunsicker and Lane of Philadelphia, Terry of Phoenixville, Crowthers of Chester, Corson of Collegeville.

The attending staff is as follows:

E. M. Vaughn, Rogersford (5 miles),  
 W. A. Corson, Collegeville (10 miles),  
 H. J. Terry and C. M. Benham, Phoenixville (10 miles),  
 A. S. McDowell and W. A. Haman, Reading (18 miles),  
 E. B. Rossiter and A. C. Shute, Pottstown.

all graduates of Hahnemann, Philadelphia.

Consulting staff:

O. S. Haines, medicine; G. H. Wells and R. R. Williams, medical diagnosis; C. S. Raue, children's diseases; W. B. Van Lennep, H. L. Northrop, G. A. Van Lennep, W. N. Hammond, and R. S. Leopold, surgery; L. T. Ashcraft and W. C. Hunsicker, G. U.; N. F. Lane, gynecology; H. S. Weaver, ear, nose, throat; W. N. Speakman and P. Tindall, eye; G. J. Palen, ear; W. J. Tuller, nerves; J. G. Wurtz, pathology; R. Bernstein, skin; H. M. Eberhard, stomach; W. C. Mercer, obstetrics, all from the faculty of Hahnemann.

### • The International Homœopathic Council

The war has rudely disarranged the proposed meeting at The Hague. The following is quoted from Vice-President Burford's announcement (*Hom. World*, Aug. 1914).

To make London the growing centre of the European homœopathic education is to utilize the Honyman-Gillespie and other courses to a practicable and desirable extent; and it is hoped and expected that a considerable international stimulus will be given to the activities of the London Homœopathic Hospital as a teaching centre.

Endless endeavours have been made by the Council's Executive this year to obtain a series of accurate, verifiable and fairly recent statistics of the issues of the work at the various homœopathic institutions of the world. This would be a very useful mass of information, and, like a cinematograph to a surgeon, would at once reveal strong and weak points. A great deal of most valuable statistical information has been obtained, chiefly from America, and largely obtained from the official Government publications of the state-subsidized institutions there.

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### Place of Meeting, 1915

In accordance with the action of the Institute at Atlantic City the Committee on Place of Meeting will continue to receive invitations from places desirous of securing the meeting of the Institute in 1915.

Such applications must contain information on the following points:

1. Hotel accommodations and rates.
2. Where the hall for meetings is located and its seating capacity.
3. Number of rooms available for meetings of Sectional Societies, Seniors, Trustees, Treasurer, Registrar and Committees, with size of the same.
4. Number of square feet of space for exhibits and whether exhibits will be displayed in same building in which meetings are held.

In addition to the above any special advantages offered by way of entertainment should be mentioned.

Invitations should be sent to

**T. H. Carmichael, M. D.,**

7127 Germantown Ave., Philadelphia, Pa., Chairman Com. on Place of Meeting.

## CORRESPONDENCE

To the Seniors, Officers and Members of the American Institute, Assembled at Atlantic City:

Greeting:

You have placed me under especial obligations for the beautiful badge recently received. A bronze medallion adorned with the classic head of Samuel Hahnemann, resting beside the base of a majestic tower whose summit is emblazoned with a brilliant light to dispel the darkness of the night, symbolizing the dynamic power evolved from the brain of a great master, giving to the world the divinity of a law of remedial power that is revolutionizing the therapeutics of modern time.

Untoward circumstances prevented us from having an anticipated season of unalloyed pleasure and profit in meeting the cohorts of the profession, assembled from all parts of the country. It would have been an added pleasure, as I recall our visit to Atlantic City twenty-three years ago.

As chairman of a committee it was my pleasure to extend an invitation to the members and friends of the Institute, to convene in Denver in 1893. The success of that meeting, so far removed from the great centers of learning, West and East, is memorable in the minds of many in attendance who are still actively engaged in professional work.

To keep abreast of the times we must enlarge our vision, knowing no East or West in the great work to be accomplished, sowing the seed where most needed in the realm of truth and scientific attainment for the benefit of all humanity.

Again for your kindly remembrance, I thank you.

Yours truly,

Norman G. Burnham.

Denver, July 7, 1914.

### Arsenic and Yellow Fever

Dr. Reginald B. Leach of Paris, Texas, submits to the homœopathic profession an appeal to every state society to examine the claims of the Senate Bill, *Arsenization Method of Preventing Yellow Fever*, referred Feb. 19, 1914, to the Committee on Public Health:

"I am trying to get an opinion as to the advisability of sending a copy of the enclosed document to the secretary of each state society with the object of placing the facts before each society to pass a motion or resolution, requesting the Government to make the *positive tests we were enjoined making in 1905*, under the censorship of political hostility. Will they listen and resolve, or will they file?"

## [Extract from the Bill]

The following conclusions rest on evidence which is beyond dispute:

1. The destruction of mosquitoes is but a partial protection. It is a practical impossibility that it be made absolute. Only by an ever-present autocracy, which the temper of our people will not endure except in the face of extreme peril, can it be maintained. Epidemics will become serious before it can be put in force, and even then the personal equation, the vulnerability of many public officials to various means of persuasion, will more often than not, as seen so often at New Orleans in 1905, make null and void the best of ordinances.

2. Arsenization is practically a complete preventive of contagion and an absolute preventive of fatality, and the cost of application and its consequent immunities within the reach of the poorest. It can be obtained at any registered pharmacy.

Yellow fever is a recurring menace to a considerable section of our country; is indigenous to the tropics, with which we are constantly in commercial communication, wherein, through practical positive tests, upon certified nonimmunes, within 30 days, by properly trained and conscientious observers, arsenization might be tested positively and the results of such tests, pro or con, be made known to the world through a report to the Congress.

The following is right and proper, and it should be—

*Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That in behalf of humanity, the truth, and progress of the healing art, the President is hereby empowered and requested to appoint a commission of five physicians, at least one of whom shall be a civilian physician, whose duty it shall be to visit communities where yellow fever is in evidence and therein to test arsenization prophylaxis of yellow fever incontrovertibly.*

The deadly parallel between the pathology of yellow fever and post mortem of arsenization is another lesson in homœopathic therapeutics.

### Medical Politics

Aug. 13, 1914.

*To the Journal of the American Institute of Homœopathy:*

The enclosed clippings appeared in the *Detroit Free Press* of August 4th and 6th and merit an explanation to the members of the American Institute of Homœopathy of which I am a member. This is the result of an attempted coercion to force me to join the old school Macomb County Medical Society in Mt. Clemens:

Mt. Clemens, Mich., Aug. 3.—Members of the Macomb Medical Association appeared before the council tonight and asked that the license of Chas. Glover, a hotel runner, be revoked.

They had an affidavit signed by Ralph A. Warner, of Cincinnati, N. Y., stating that he came to Mt. Clemens and asked a policeman to direct him to the Olympia hotel and that the officer referred him to Glover. He avers that he asked Glover to direct him to the office of Dr. Harry Taylor, and that Glover told him Taylor was out of the city and took him to the office of another physician, who charged him \$25 stating that he needed medical treatment as well as the baths. The council will give the physician another hearing tomorrow night before taking any action.

Mt. Clemens, Mich., Aug. 6.—The council's investigation of alleged petty graft here between "runners" and members of the medical profession, proved the charges to be absolutely false, and resulted in a complete vindication for Dr. John Lenfestey, one of the doctors involved, and Charles U. Glover.

It was charged that a concerted effort was made to throw patronage Dr. Lenfestey's way. These charges, however, were found to have originated from idle gossip.

Dr. Lenfestey, who welcomed the council's inquiry, is one of the city's popular physicians, and his friends were glad to see the lie bared.

After being waited upon by a delegation from the Macomb County Medical Society and being urged, coaxed and finally threatened to make me join their society and after firmly and sincerely declining the proffered honor, the petty jealousy of the "old school" surgeons in the city because the writer dared to do any surgery in Mt. Clemens had much to do with the "frame up" and slanderous attack made upon me by this society.

The most amusing feature is the fact that the patient whom they used as a tool, claiming he was recommended to one of their members to whom he had a letter of introduction, has returned to my office to complete his course of treatment after having had but one week's treatment of the three weeks for which he had contracted. Had the patient shown his letter of introduction to the other physician or intimated during his first week's treatment that he had such a letter he would not have been encouraged to take our treatment. However, the patient withheld this letter until urged to present it by those looking for trouble, thinking that they could blacken the reputation of the writer, who upon a thorough investigation by the city fathers, was completely vindicated and cleared of any wrong-doing in the case.

There seems to be a nation-wide move on the part of our

old school friends to coax or coerce the members of the homœopathic school to join their county medical societies, thereby emulating the lamb and the wolf. I shall keep up the fight against coercion.

Yours fraternally,

Jno. A. Lenfestey.

### The Call from the South

Huntsville, Ala., Aug. 10, 1914.

*To the Journal of the American Institute of Homœopathy:*

The widow of a homœopathic physician recently had occasion to visit . . . . ., N. C., for her health. Desiring the services of a physician, she made enquiry for a homœopathist at one of the leading drug stores. She was informed that there used to be one there but that he had turned allopath. On learning his name and address, the lady called at his office. The following is copied from the letter:

"After being introduced I said, 'Doctor are you a homœopathic physician?' His face turned red, and he said, 'Well, I used to be, but not now.' I said, 'I do not see how you could ever give homœopathy up if you were graduated at a homœopathic college.' He said, 'I graduated at Harvard Medical School.' I said, 'That's no homœopathic school.' 'Well,' he replied, 'I did not stop there, I finished in one or two other schools, but I found more in allopathy than I did in homœopathy; I did not know a thing about germs when I graduated, and now everything is germs.' Then he smiled and said, 'What can I do for you?' I said, 'I only stopped to get a couple of remedies from you; give me 25 cents worth each of conium and pulsatilla.' Well, he searched in every cabinet and medicine case he had in there, then went off to another room, going back and forth and looking here and there. He finally brought me four little vials of what he said were homœopathic remedies. He would not take money for them, saying he 'never used them and was glad to give them to me.'

"I will hunt up Dr. ——— next time I go down town, so if I should need a doctor suddenly any time I shall know whom to call, unless he has turned allopath, too. If he has, I shall trust to nature."

Thinking that the above, copied from a letter just received from the lady, might prove a little diversion from the routine medical topics, I enclose it to show how it looks from the patient's standpoint and how they are handicapped when in a strange locality.

Most cordially,

Alfred M. Duffield.

## SHORT MEDICAL REPORTS

From Subscribers. Limited to 400 Words

Characteristics of Medicine, by Adolphus von Lippe

Donald Macfarlan, Philadelphia. From Lippe Papers, through the kindness of Mrs. W. A. Lippe:

**Anacardium.** Maliciousness—swearing. Loss of memory. Crampish pains in the muscles. Contraction of the joints. Sensation of a band or hoop around the parts. Pain in different parts as if a plug had entered. Trembling debility and paralytic weakness. Diminution of the senses (smell, light and hearing). Liability to catch cold, and sensitiveness to the draft of air. Periodicity of the symptoms. Itching of the skin, worse from scratching. Many symptoms appear after eating while more of them disappear during dinner. Aggravation when lying on the side, from rubbing, and from taking hold of anything.

**Camphora.** Diminished circulation of the blood to parts most distant from the heart (coldness of the external body). Color of the face bluish. Sudden sinking of strength. Pains as if bruised in inner parts. Great sensitiveness to cold and cold air. Loss of sensation. Cracking of the joints. Rheumatic stitches in the muscles. Attacks of convulsions, with falling down and loss of consciousness. Most symptoms appear during motion and at night; are aggravated by contact, cold air and when thinking of them. Amelioration from warmth. Asiatic cholera.

**Caladium Seguinum.** Inclination to rest, and aversion to move. Burning (stomach and skin). Perspiration which very much attracts the flies. After a short sleep and after perspiring many symptoms are relieved.

**Antimonium Crudum.** He is much concerned about his fate. Disposition to grow fat. Inflammation of the muscles. Aversion to be looked at, and to be touched. Horn-like excrescences and dispositions to abnormal organizations of the skin. Gastric symptoms, worse in the afternoon and at night. When the symptoms reappear they change their locality, or go from one side of the body to the other. Aggravation from drinking sour wine, in the heat of the sun, after eating (pork), at night, or after bathing. Amelioration during rest and in the open air.

### Aid from the Laboratory

Verner Kennedy, Yonkers, N. Y.: The laboratory is essential, and is not utilized as frequently as it should be to clear up diagnosis. The following three cases are cited, such as might come to any general practitioner or specialist:

*Mrs. B. H.*, Mar. 12, 1914, presented pain and swelling over right patella. Diagnosis, bursitis; treated as such. Three weeks later, tissue broke down and disease process was rapidly spreading. Dr. S. R. Kaufman of New York was called in consultation. Diagnosis: either gumma or epithelioma. Dr. Geo. A. Wyeth made a Wassermann test, reaction positive. The history had been gone over carefully, with no record to suggest syphilis.

*E. F.*, April 4, 1914. Asked for examination to exclude gonorrhea and syphilis on account of prospective marriage. History of gonorrhea 5 years ago, apparently cured. Examination showed chronic prostatitis, but nothing to suggest syphilis. Wassermann reaction, positive.

*L. R.*, April 15, 1914. Came to have "cinder out of the eye." No cinder there, but a paralysis of the external rectus of the right eye; no symptom to suggest syphilis. Wassermann test made as a matter of routine and found positive.

How would you have made the diagnosis without the aid of the laboratory?

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### GENERAL NEWS

**Arkansas.** Dr. Ansel Jerome Robbins, formerly of Jamestown, N. Y., has located in Mena, where he finds an equable climate and a promise of excellent opportunity in medicine. The record in the J. A. I. H., p. 69, should be corrected to read: Ansel Jerome Robbins, 50, Georgetown Univ. '90; Sou. Hom. Balt., '96.

Dr. Ida J. Brooks, of Little Rock, a member of the Homœopathic State Board, has been appointed lecturer in Social Service in the Medical College of Little Rock. Dr. Brooks will spend several weeks in Chicago investigating practical working out of psychological theory in administrative work along the lines of social service in connection with municipal activities.

**California.** Dr. Bayley Burton Bachelder, Coll. of the Pac., 1914, took the hundred dollar prize for the best scholastic record during the medical course.

Dr. Nathan Barbour received interne appointment at Hahnemann Hospital, and Drs. Citron and Fraser, appointments at San Francisco Hospital.

Dr. George Starr White, one time at Yonkers, N. Y., has assumed Directorship of the California College of Physical Therapeutics, in Los Angeles. Dr. White is a disciple of Abrams of spondylotherapy fame.

Dr. Cowperthwaite, instead of going to the Institute, did the next best thing, moved to the Auditorium Building.

**District of Columbia.** Dr. Cora Smith King, "permanently of Seattle, temporarily of Washington City," had her first Institute experience in the course of 21 years of membership this year at Atlantic City. She reports an enthusiastic meeting of the medical women of Washington upon her return, and promises the early application blank from the only remaining medical woman not already in membership. Dr. Alice Burritt has been a Senior since 1911.

Dr. Thomas Macdonald was one of the many Americans in London when war was declared.

**Illinois.** The Daily News Sanitarium, under direction of Dr. Cobb as Chief of Staff, reports a good season with service given to more than 9,000 sick babies, besides feeding and furnishing a resting place by the lake for 23,000 well children and attendant mothers.

The resident staff for the summer has been Drs. Rhoda Barstow, superintendent; Drs. Bernice Fleck, Herbert Taylor, Bertha Raymond, Julius Torens, Drs. Theodore Bacmeister, Anson Cameron, Mary Cornell, Forrest Culver, Allan Ferguson, Robert Graves, Sarah Hobson, Roy Klaus, Frank Metcalf, and Frederick Rice, attending staff. Each attending physician has given a fortnight's service.

Dr. Harry Watts, formerly of Sacramento, Calif., has tested the advertising columns of the JOURNAL in disposing of his practice. The Doctor is located now in Chicago at 1530 West Monroe St.

Edward Cobb, Hahn. '14, has received hospital appointment at Hahnemann, Harry Vander Bogart and Arthur Conrad at the N. Y. Metropolitan.

Dr. Henry R. Stout, of Jacksonville, Fla., is recovering from a bad accident encountered on the Chicago streets when the traffic policeman "was visiting on the sidewalk."

Dr. Sophia Cochran, of Newton, Kans., was in Chicago at Hahnemann Dispensary and Hospital for two weeks, getting postgraduate notes, on her way home from the Institute.

Edward L. Brackney, Chic. Hahn. '15, is canvassing Illinois, Wisconsin and Iowa for the Hahnemann Endowment Fund. The harvest of the summer approaches \$10,000.00. The Hahnemann College Bulletin, issued quarterly, is an improvement on the former annual announcement.

Dr. Julia Holmes Smith is spending the summer at Elmhurst. The call for political equality in the fall campaign is sure to bring her back to lead the women of her party in Chicago.

Drs. Kimball, Bragdon and Fitch are some of the Illinois physicians caught by the war wave in Europe.

Drs. Edward and Mary Bucklin Allen have returned from their internships in Connecticut and are located in Chicago.

**Massachusetts.** Dr. Sanford Hooker's paper which occasioned so much favorable comment at Atlantic City is published in the August number of the *New Medical Gazette*.

If the Evans Memorial does not add to its treasury immediately the sum of \$1,000.00, it will be inexcusable negligence, for the President of the Institute of Drug Proving made the declaration in open session, that one thousand dollars was to be had for the asking. An equal sum was promised to the Materia Medica Department of the New York Homœopathic College.

One of the new Institute members, Dr. Frances Westergren, puts forth an interesting folder which promises to fill a distinct need, a private suburban home for elderly people and invalids. It is named "Rivercrest" and situated on the Charles River at Newton Lower Falls. To those who know the course of the Charles, that is enough. To those who do not,—shut your eyes and imagine all the loveliness that low-lying hills, verdure and running water can supply.

Dr. Clifford D. Harvey, who has been doing surgical work in Reading (Pa.) hospital for three years and recently resident surgeon in the Pottstown Hospital, will locate in Boston in the autumn.

**Michigan.** At every meeting of the Board of Regents of the University, degrees are conferred. Although only 21 received the degree in medicine in June, 25 is the actual number of graduates for the year 1913-14. Drs. Burrett and Beebe are busy as bees getting ready for the readjusted Department of Surgery.

Rumor at the Institute session named Dr. W. B. Hinsdale as Dean of the new college in the Ohio State University. The University Homœopathic Observer is authority for declaring that Dean Hinsdale will not leave Ann Arbor.

The Michigan State Agricultural College is particularly kind, gracious and generous to her many amateur farmers who spend their winters in the city making money and their summers on Michigan acres spending it.

The following University graduates in medicine have received hospital appointments: Champlin and Hadley, Buffalo (N. Y.) Homœopathic; Faulder, Metropolitan (N. Y.); Shoemaker, Pittsburgh Homœopathic; Coffin, Women's Hospital (Phila.); Phillips, Buffalo Contagious; Serio, Grant Hospital, Albion, Mich.; Odeson and Pickard in the Ann Arbor Homœopathic Hospital.

Hagerman has located in Grand Rapids for general practice, and Huntley in Lowell.

Dr. Lenfestey of Detroit announces removal to the Scherer Building, 27 East Grand River.

**Minnesota.** Dr. George Schlesselman, Hahn, Chic. '13, has finished his internship in the Lee Hospital in Rochester and located in Good Thunder, one of the thriving towns in the southern part of the state.

Dr. Albert Booth announces removal to 1071 15th Ave., Minneapolis.

**Missouri.** Of the Kansas City Class of 1914 Dr. Bose has received an appointment in Wettner Institute, Nevada, Mo.. Sampson will try his luck in Kansas City, and Springer in Kingman, Kans.

**Montana.** Dr. John F. Lovell (Boston Univ. 1908), has located in Sweet Grass. When the area of Montana is compared with that of Massachusetts and its Institute membership of five set over against 248, it would seem that Massachusetts might spare a few more, and Montana even with a scattered population might furnish homœopathic therapeutics to a larger number.

**New Jersey.** Dr. J. A. Geis has finished his internship at Cumberland St. Hospital, Brooklyn, and received appointment to the Ann May Hospital, Spring Lake.

**New York.** Dr. Daniel E. S. Coleman, who has been spending his vacation at Fisher's Island, announces office hours resumed September 1st, 101 W. 78th St.

**Ohio.** The Ohio State Society promises a year of aggressive work. They have the encouragement of the Homœopathic Medical school in the State University as a good send-off. The alumni of Cleveland and of Pulte will continue in the front of medical activity.

Ohio is quite set up in pride that she furnishes three of the fifteen trustees of the American Institute of Homœopathy, Vice-president Baxter and Trustees Horner and Sawyer. Cleveland bids fair to continue to be the hub of the Institute.

The resolution offered at the 1914 session of the Institute by Dr. Keiser, from the state society, is in accord with the formulated policy of President Wilcox' annual address and the excellent organization of the Council on Medical Education during its six or seven years of existence.

The summer announcement of Dr. Sawyer's sanitarium has the attractiveness of a bit of woodland.

Dr. Claude Waltz has completed his internship at the City Hospital in Cleveland and located at 1617 E. 87th St.

**Pennsylvania.** The clinic held at Hahnnemann Hospital, as the climax to the meeting of the O. O. and L. Society at Atlantic City, was the occasion of some fine surgery and an extremely interesting day.

The state meeting is called the 24, 25 and 26th, at Wernersville. President Ashcraft sends forth this incentive to attendance (Hahn. Monthly): "Pennsylvania has ever shown a lively interest in state society meetings. Only those who are regular in attendance can appreciate the mental stimulus accruing from interchange of ripe experiences."

Dr. Joseph A. Lafferty has finished his internship at Huron Road Hospital, Cleveland, and located at McKees Rocks.

**Wisconsin.** Dr. Sylvester R. Ridley (Hahn. Chic. '13) is in general practice in Mineral Point.

**London.** Dr. Norton writes from London under date of July 29, that Drs. Sutherland, Packard and Bliss of Boston, Martin of Lowell, Hovey of Springfield, Florence Ward of San Francisco, Burrett of Ann Arbor, Helfrich of New York, Bissell and Keegan of Rochester, were in London for the Surgical Congress.

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**An Incident of the Institute:** Years ago, when Gatchell was secretary, we were present when a member, in the hotel lobby, opened on him. Gatchell replied, "If you men do not like the way things are run why don't you attend the yearly meetings and put things straight? Your votes will be counted and not counted out." And, he added, in effect, that certain men made it a point to attend all the meetings from a sense of duty, and they had to run things else the whole Institute would go up.

Our esteemed friends of the International Hahnemannian Association have "nailed the flag to the mast," but homœopathic as they are, another and still stricter organization has grown up. What then? Why, it appears, that the broad gauge principles of the Institute are the only ones on which a big body of men can be held together; where the man who considers the 30th potency to be a crude drug can meet the man who will prescribe tinctures—*meet him on the one fundamental, similia*. The man who does not believe in that fundamental is simply a donkey in the Institute, masquerading in the lion's skin. He may be tolerated, but is nothing but a donkey.

No one can deny that the late Dr. H. C. Allen was a stalwart, high potency homœopath. Once in a pharmacy he asked for a certain remedy. "What strength?" asked the clerk. "The strongest," replied Allen. "The tincture?" queried the clerk, who knew the purchaser, else he would not have asked what would have otherwise been a foolish question from a drug clerk. "No!" replied Allen, "the highest potency you have, that is the strongest." Yet this man was a respected member of the Institute, and an influential one.

In conclusion, the *Recorder* is of the opinion that every homœopathic doctor ought to be a member of the Institute, ought to attend its meetings, express his views and, if voted down, not grouch, keep out the personal animus and stick to the great principle, homœopathy.—*Homœopathic Recorder, May, 1914.*

## OBITUARIES

*We will meet life's complexities honorably, loyally, bravely. If there is life beyond this life, we will face it when it comes.—VanBaun.*

**Lemuel Conant Grosvenor.** Born March 22, 1832, in Paxton, Mass.; died in Taunton, Mass., July 15, 1914. Between these two dates there is a record of 82 years of vital activity, years of laborious medical practice, signal success as teacher, practitioner, writer and lecturer, and a serene retirement to private citizenship.

Dr. Grosvenor received his medical degree in 1864. He practiced medicine in Peoria, then in Galesburg, going to Chicago in 1870. In that same year he joined the Institute. In Chicago he was identified with obstetrics and the Chicago Homœopathic College. His name is linked with asepsis in obstetrics, which frees the lying-in-room of half its terror, with partial chloroform narcosis, long before Freiburg's *dammernd schlaf* got into the monthly magazines, and with the Gertrude suit, which emancipated the baby from the old pinning blanket and long dresses.

For 25 years Dr. Grosvenor was Professor of Sanitary Science and Obstetrics in the Chicago Homœopathic Medical College, and after the amalgamation Professor Emeritus in Hahnemann of Chicago.

At seventy-five, he made Taunton, Mass., his home. He was at the Institute session at Narraganset Pier in 1911. His response to the JOURNAL in the issue of July, 1914, was "Professional *esprit de corps*."

**Almena J. Flint,** of Boston, died at Hotel Somerset June 26, 1914. She was a member of the American Institute of Homœopathy for thirty-three years. Dr. Flint (Almena J. Guptil) was born and partly educated in Winter Harbor, Maine, where she usually spent her summers. The home of her childhood (which she greatly cherished) still stands near her late summer residence. In early life she showed unusual ability for many kinds of work. At one time she was a teacher, then a governess, and later for a short time was attendant in a light-house near her home. When she came to Boston she distinguished herself by the good work which she accomplished among young girls. Later she met and married Mr. Edward Baker. In 1873 she entered the Boston University School of Medicine, graduating in 1876. It was not an easy task in those days for a woman to take up medical work in the city of Boston, but with a clear head and earnest purpose Dr. Baker never faltered until she occupied a place in the front rank of her profession. During the years that followed she had personal sorrows, among which was the death of her husband, Mr. Baker, but she kept on with her profession for several years longer, then married Mr. David B. Flint, whom she survived. After her last marriage she did not continue in active practice, but has always kept in touch with medical work and progress. She was a member of all our local homœopathic societies and was seldom absent from their meetings. The cause of homœopathy and her alma mater were dear to her heart.

She was one of the hardest workers at the Bazaar and Fête held at the Copley-Plaza Hotel by the alumni association of the Boston University School of Medicine last November in the effort to raise money for an endowment fund for this department of the University. Dr. Baker's charities were numerous, but given in the most quiet and delicate manner. She was faithful and conscientious in all her undertakings. She was buried Tuesday, June 30th, from the South Congregational Church, commonly known in Boston as the Edward Everett Hale church.

There lingers yet and always will,  
Her deeds of love, her genial smile,  
Her friendship true, *such never sleep*,  
They are not for *the little while*.

—Clara E. Gary.

**Emma Mary Eastman Sanborn**, B. U. S. M., Class of 1876, died May 24th, 1914, at 4 Morton Street, Andover, Mass. Joined the Institute in 1896.

Dr. Sanborn belonged to a distinguished class. She was a classmate of Dr. Baker-Flint whose obituary appears in this number of the JOURNAL. Other classmates who are Institute members are Drs. Herbert Chase, Cambridge; John L. Coffin, Boston; Edwin Alonzo Colby, Gardner; Nathaniel Royal Perkins, Dorchester.

M. Mc. C.

**Arthur F. Eife** was born in the old 9th ward of New York City in 1862. He was educated in the public schools of the city, was graduated from the New York Homœopathic Medical College and Flower Hospital in 1881. For two years he was resident physician at Five Points House of Industry. Then for twenty-five years he lived at 175 W. 10th Street. He was eminently successful in medical practice. Three years ago he moved to Elmhurst, Long Island, retaining office hours in New York until December, 1913. Dr. Eife died July 7, 1914, from cerebral hemorrhage after an illness of nine days.

Dr. Eife joined the Institute in 1906. He was made a Mason of Evangelist Lodge in May, 1897; he was master of his lodge in 1900. He was also a member of Columbia Commandery Knights Templar No. 1; he was Commander from 1911 to 1912; also a member of Mecca Temple.

A. E.

**Nathan Cash**, born in Tuscarawas county, Ohio, February 18, 1839, died in Urichsville, Aug. 5, 1914. Dr. Cash was a veteran of the Civil War, a member of the Iowa cavalry. Wounded on a scouting expedition, the hospital gave him his first impetus to a medical life. In 1868, he was graduated from the old school of medicine in St. Louis. In 1870, he completed a course in homœopathic therapeutics at the Homœopathic Medical College of St. Louis. In 1876, he established himself in practice in Urichsville, which was thereafter his home. He had an extensive general and consultation practice, being particularly skilful in materia medica. Dr. Cash joined the Institute in 1908, and

was a member of the Ohio State Society and also of the I. H. A. He was a charter member of the Welch Post, G. A. R., and a member of the Masonic Orders, including that of Knights Templars.

## SOCIETY PROGRAMS

**North Dakota Homœopathic Medical Association. June 24 and 25, 1914.** Reported by Joseph G. Dillon, M. D., Fargo.

### Wednesday, June 24th.

When the Indicated Remedy Fails.....A. A. Just, Crookston  
 Discussion led by Arthur Peake.  
 Homœopathy in North Dakota.....R. G. DePuy, Jamestown  
 Discussion led by Dr. J. W. Vidal.  
 The Technic of Selecting and Applying the Remedy.....  
 .....Arthur Peake, Grand Forks  
 Discussion led by A. A. Just.  
 Some Sheet-Anchor Remedies in Diseases of Children.....  
 .....J. G. Dillon, Fargo  
 Discussion led by L. W. Saterlie.  
 League Baseball Game, Grand Forks vs. Fargo-Moorhead, at four.  
 Theatre Party at Orpheum at seven-thirty.  
 Reception at the home of Dr. and Mrs. Dillon at nine.

### Thursday, June 25th.

Clinical Cases.  
 Some Surgical Points in Chronic Cases....Francis Peake, Jamestown  
 Discussion led by T. L. DePuy.  
 Health.....J. W. Vidal, Fargo  
 Discussion led by Dr. Ralph Deming.  
 The Skin Graft Incision.....T. L. DePuy, Jamestown  
 Discussion led by Francis Peake.  
 Experiences of a Country Practitioner.....J. N. Ewbank, Rhame  
 Discussion led by R. G. DePuy.  
 Auto Ride to the Filtration Plant, Edgewood Sanitary Dairy Farm and  
 Agricultural College at Five.  
 Annual Banquet in the Evening.

### TOASTS

Toastmaster.....Dr. J. G. Dillon, Fargo.  
 "When Doctors Disagree, What Then?"  
 Rev. Thomas J. Graham, Fargo.  
 "Samuel Hahnemann."  
 Dr. T. L. DePuy, Jamestown.  
 "Homœopathy Retrospective and Prospective."  
 Dr. Francis Peake, Jamestown.  
 "Our State Association."  
 Dr. A. A. Just, Crookston.  
 "Homœopathy vs. Allopathy from Experience as a Practitioner of  
 Both Systems."  
 Dr. Frances M. Peake, Grand Forks.

**South Eastern Homœopathic Medical Society.** Hotel Columbus,  
Thursday, July 30, 1914, 3 p. m. Reported by Herbert C. Waite,  
Secretary.

Clinical Cases.....Drs. Harding, Ely, Mitchell, J. B. McBride

President's Address.....Dr. Harry E. Hunt, Newark, O.

Hyper-Tension.....Dr. G. D. Arndt, Mt. Vernon, O.

Discussion opened by Dr. W. B. Carpenter.

An Unscientific Consideration of Leukemia.....

.....Dr. H. L. Wells, Cambridge, O.

Discussion opened by Dr. C. F. Junkerman

What Shall the Harvest Be?.....Dr. Arthur C. Roll

Discussion opened by D. V. Ireland.

Talk on the Three Miasms.....Dr. C. A. Schulze

Discussion opened by G. D. Arndt.

## CHANGE OF ADDRESS

From Membership List in Journal, November, 1913.

Moved to

Aitchison, Florence N....1430 Berwyn Ave., Chicago, Ill.

Anderson, Bert .....Victoria, Kans.

Averill, Maria B.....2330 G St., San Diego, Cal.

Barker, C. F.....3942 Ellis Ave., Chicago, Ill.

Breuer, David.....901 Stevens Bldg., Portland, Ore.

Brooke, John A.....321 E. 42d St., New York, N. Y.

Chaffee, Jerome C. M....2306 Walnut St., Chicago, Ill.

Dearborn, Ella K.....R. F. D., Nortons, Ore.

Elms, Byron C.....6206 Woodlawn Ave., Chicago, Ill.

Farber, C. K.....Lakeside, Ohio.

Fellows, Antoinette K....5498 Cornell Ave., Chicago.

Freedman, S.....150 Smith St., Brooklyn, N. Y.

Haskell, Cora D.....Ord, Neb.

Houser, Robt.....Mielle, Weinfeld, Switzerland.

Howe, J. M.....67 Riverside Drive, New York, N. Y.

Jefferds, Henry C.....902 Stevens Bldg., Portland, Ore.

Long, Geo. L.....410 G. McK. Bldg., Fresno, Cal.

Loomis, W. H.....1001½ West Markham St., Little Rock,

Ark.

Miller, H. W.....Casey, Ill.

Minaker, Andrew J.....David Hewes Bldg., San Francisco, Calif.

Porter, E. H.....Upper Lisle, N. Y.

Powell, Charles A.....Care of A. C. Mission, Nanking, China.

Rice, Milton.....Hilo, Hawaii.

Roper, Pulaski B.....426 Citizens Bldg., Cleveland, O.

Skinner, H. O.....1072 Goodrich Ave., St. Paul, Minn.

Sinclair, Arthur D.....290 Danforth Ave., Toronto, Canada.

Smith, Julia H.....Care Mrs. G. H. Bauch, Elmhurst, Ill.

Stansbury, Nina J.....11323 Hessler Rd., Cleveland, O.

Thompson, N. W.....Flower Hospital, New York, N. Y.

Tyler, Everett A.....420 Main St., Orange, N. J.

Van Hyning, Homer B....Clark, O.

Wood, A. U.....445 Elmwood Ave., Providence, R. I.

Woodward, Katherine B..Monroe, La.

## BOOK REVIEWS

**Sex, Its Origin and Determination.** By Thomas E. Reed, M. D., Middletown, Ohio. Rebman Company. 1913.

To be sceptical of a theory merely because it is obscure or novel is out of accord with patient investigation. Any theory associated with tabulated facts, compiled by honest observers, is worth consideration. And this book contains several carefully prepared tables of record as well as charts of alluring curves.

The first third of the book is chiefly historical, the second third biologic, while the remnant is concerned with discussion of the metabolic cycle in labor, in diseases, and with the practical aspect of the title, the successful determination of sex.

These sundry chapters are not well subordinated to the title under which the book is published. This faulty arrangement gives the impression that the book has been assembled by bringing together separate papers rather than from a unitary plan. There is a constantly-recurring vagueness of statement, quite in keeping with tentative exploration, but not in accord with profound conviction. To say that "menstruation is perhaps the most pronounced rhythmical sexual function" is characteristic of the book. "Perhaps" it is; "perhaps" it isn't. The book is not convincing, although an interesting and suggestive essay.

Seafaring folk must be close observers of nature. It is the price of life. Country folk are apt to be. Therefore, although their premises may be wrong, their conclusions are worth thinking over. The author has enough worth-while evidence to have made a stronger book, had it been written with the title ever uppermost and all contributory matter well subordinated.

The biologic value of the twelve-hour lunar cycle (or to be more exact, 12 hours, 56 minutes) is inferred from primitive sea life in which metabolic function varies with the nutritional factor involved in the positive, katabolic (destructive?) phase and the negative, anabolic (constructive?) phase. During the moon's approach to the zenith, the tide is rising, the positive phase; the decline marks the negative, the passive, the anabolic phase.

The author concludes that the "characteristic of femaleness is anabolism, of maleness katabolism"; that sex is determined at the time of conception; that if this occurs near the middle of the anabolic, negative, passive phase, there is female issue; if during the daily lunar katabolic, positive phase, male issue; that the ovum is double-sexed, functioning first in a male direction, then in a female direction; that fertilization may check this sex rhythm in its anabolic, female, passive phase, or in the katabolic, active, male phase. The author does not

make clear why the active, or positive phase is associated with katabolism, i. e., destructive metabolism; nor why the passive, or negative phase is identified with anabolism, i. e., constructive metabolism. Anabolism is neither passive nor negative. The margin of debatable time near the change from one phase to another or the interval elapsing between placing the sperm and actual fertilization serves to explain all actual discrepancies of fact and theory. *S. M. H.*

**The Ready Reference Hand-book of Diseases of the Skin.** By George Thomas Jackson, M. D., Professor of Dermatology in the College of Physicians and Surgeons, Medical Department of Columbia University, New York. Seventh edition, thoroughly revised. 12 mo. 770 pages, with 115 engravings and 6 colored plates. Cloth, \$3.00, net. Lea & Febiger, Philadelphia and New York, 1914.

The seventh edition of Dr. Jackson's "Diseases of the Skin," presents several unique features worthy of comment.

The arrangement is in alphabetical order, instead of grouping the diseases according to the pathology, as is the custom of most authors. The reader can turn to a desired topic with great dispatch and accuracy. In the first chapter on a single page is arranged a classification of diseases according to their pathology.

Ten pages are devoted to the fundamentals of diagnosis, special stress being laid upon the beginning pathology, or the so-called primary lesions. This is especially essential for students, as it lays the correct foundation for the study of dermatology.

A noteworthy and commendable feature is the generous space allotted to the treatment of diseases—unusual for a book of this size. Under eczema the author outlines the treatment for each particular variety of the disease, rather than giving one confused chapter on the treatment in general. This definite information is of great value. The eighty-five private formulas appended are excellent, but quite insufficient to cover the wide range of cases which the physician must treat from day to day. Under x-ray it is pleasant to note that the writer lays emphasis upon the use of the maximum dose with minimum exposure, and decries the long-drawn-out course of x-ray treatment so common in the past. We only regret that the chapter on radium and the discourse on pellagra are rather abbreviated.

All in all, it is a very concise, well written, well arranged and scholarly book, which meets with the hearty endorsement of the reviewer. *C. D. C.*

**A History of Laryngology and Rhinology.** By Jonathan Wright, M. D., Director of the Department of Laboratories, New York Post-Graduate Medical School and Hospital. Second Edition, Revised and Enlarged. Octavo, 357 pages, illustrated. Cloth, \$4.00, net. Lea & Febiger, Philadelphia and New York, 1914.

Dr. Wright's well known position as an original investigator in his chosen specialty assures one beforehand of his fitness for this particular work, and one is glad to find how interesting his handling of the subject has made it. Egyptian medical practice is not too deeply buried in the dust of centuries for his keen research and facile pen to present it to us: practices of the Chaldeans, Jews, Hindus and Arabians, based upon their primitive notions of anatomy and physiology, and their numerous superstitions, are described. One wishes he had found something of the practices of the Chinese, Japanese and the North American Indians, who surely must have had nose and throat troubles.

The connected history of the practice of rhinology and laryngology seems to have begun with the Greeks, and after a few references to the pre-Hippocratic period considerable time is devoted to the Hippocratic treatises, and we are brought down through the time of Celsus, the Romans, Galen, the Arabians, the pre-renaissance period and the renaissance. The next period described is "The Reformation, and the Diffusion of Medical Knowledge." His reference here to the ecclesiastics who burned heretics in order to supply "that protection against error which the spiritual classes are always eager to afford" reminds one that this eagerness to protect others against error is not limited to the ecclesiastics. It was during the period of the Reformation, the age of the Inquisition and Index Expurgatoribus, in spite of the restraint by the Church (or because of it?) on the spread of knowledge, that the beginnings of knowledge of physiology and histology (the microscope having just come into use) were made, and one is amazed, notwithstanding numerous errors, at the rapid progress.

Credit for the first use of the laryngoscope is given to Bozzini (1807). Manuel Garcia (1855) is given credit for the independent discovery of this instrument, and is referred to as the Father of Laryngoscopy, as it was his presentation of the discovery that led to the founding of the specialty of laryngology. In this connection reference is made to the jealousy and strife between Czermak and Turck, both of whom made great advances in the use of the laryngoscope, but whose fame is dimmed by the undignified record. Human nature is a dreadfully persistent thing.

The various parts of the nose, throat and larynx are taken up in detail, and the development of knowledge concerning their anatomy, physiology, pathology and the treatment of their disturbances described, due credit being given to men making the more important advances. One notices with regret the scantiness of reference to men west of the Hudson river. Considerable space is given to consideration of the ton-

sils, especially to the physiology, in which subject Dr. Wright has himself made notable investigations.

The book is filled with interesting observations, one of them being the etymology of "nose." In practically all the European languages the word for nose is "n" followed by a vowel and usually an "s" sound.

In the epilogue, which is beautiful, he refers to the development of our art over its period of three thousand years or more, by the patient, painstaking, laborious exertions of many generations of earnest men, not attaining those rewards which the world calls success, but knowing the joy of work.

A. L.

**The Elements of Homœopathic Theory, Practice, Materia Medica, Dosage and Pharmacy.** By Drs. F. A. Boericke and E. P. Anshutz. Third Revised Edition. 223 pages. Cloth, \$1.00. Postage, 5 cents. Philadelphia. Boericke & Tafel. 1914.

This convenient handbook is one of the concise, valuable little volumes which finds its way into the busy doctor's life, as an introduction to homœopathic therapeutics or a verification of remedy to be chosen. The names of Boericke and Anshutz guarantee its quality, and the third edition demonstrates its popularity. S. M. H.

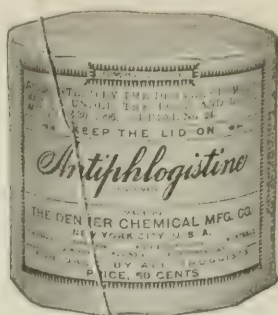
**Report of British Homœopathic Association. 1914.**

The object of this Association is the "co-ordination of all activities connected with homœopathy." One of the notable achievements of the past year has been the publication of a translation of Hahnemann's *Organon* and a series of his essays on Public Health. This volume appeared in *Everyman's Library* and has already been reviewed in this magazine (*Jan. 1914*). The volume sells for thirty-five cents and is a ready reference book. The Association is to be congratulated on the recognition of this volume of medical history. S. M. H.

**Bulletin of the International Homœopathic Council.** E. Petrie Hoyle, Secretary, 84 Holland Park, London, W.

This bulletin of 32 pages is profusely illustrated with cuts of homœopathic institutions all over the world. The text is simply explanatory of the pictures, together with some interesting tables of comparative statistics on therapeutics, old school and homœopathic. It represents the aggressive work of the Council, demonstrating that homœopathic medical practice is "world-wide, advancing, honored by various Governments, and therefore worthy of the close enquiry of any individual." Any one especially interested in homœopathic statistics should address Secretary Hoyle.

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perhaps the **most** “vexatious” of which is the **excessively** sore arm, from some mixed infection or dyscrasia—quickly come under control and soon disappear when



is promptly and liberally applied.

The small size is “just right” for this and other minor cases—and is economical for the patient.

In all the more extensive inflammatory conditions—deep-seated or superficial—Antiphlogistine should be ordered in the large size, so that sufficient may be used to “lap over” the circumscribed inflamed area. Use **thick** and **comfortably** hot.

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AN ETHICAL PROPRIETARY FOR ETHICAL PHYSICIANS

Send for our “Pneumonia” Booklet, if one has not been received.

*Antiphlogistine is prescribed by Physicians and supplied by Druggists  
all over the world.*

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## PUBLISHER'S DEPARTMENT.

### Classified Advertisements.

JOURNAL subscribers are entitled to free insertion of classified advertisements under the headings: *WANTED—Apparatus, Assistant, Books, Internes, Location, Partner, Situation.* A fee of 15c is charged if answers are sent care of JOURNAL. Remittance must accompany the order.

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It is located on a two hundred acre farm.

It is away from the noise and confusion of the city.

It is surrounded by a beautiful grove of native trees.

It consists of fifteen buildings of modern bungalow design and of the highest type of construction.

It has all the modern conveniences: electric lights, hot and cold water in every room, hot water heat, electric signaling system, etc., etc.

It has an enclosed cloister one-fifth of a mile around, which is heated, lighted and finished as the buildings, with all of which it connects.

It is equipped with the latest and most approved instruments and outfits for giving the various forms of physiological therapeutic measures and the making of diagnoses.

It is presided over by a staff of physicians and assistants who have spent years in this special branch of medicine.

It is conducted along ethical lines and maintains the highest standard of scientific work.

Its rates are as reasonable as first class attention will permit.

It has no fads, fancies or pet theories to foist upon its patients; every case is thoroughly examined before treatment is commenced and those measures especially suited to each individual are instituted.

It treats all forms of chronic, nervous and mental cases, including melancholia, mania, neurasthenia and the like.

For descriptive catalogue address The Sawyer Sanatorium, White Oaks Farm, Marion, Ohio.

#### Guard the Intestinal Tract.

Concerning intestinal infections and  
(Continued on page xvi.)



**A TONIC OF BROAD  
APPLICATION.**

**NO CONTRAINDICATION  
OF AGE OR SEASON.**

## GRAY'S GLYCERINE TONIC COMP.

STIMULATES THE APPETITE  
AIDS DIGESTION  
INCREASES ASSIMILATION  
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INDICATED IN ALL  
DISEASES DUE TO  
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# RUSSIAN OIL, P. D. & CO.

## A VALUABLE INTESTINAL LUBRICANT.

This product is a hydrocarbon oil distilled from Russian petroleum. It is water-white, odorless and tasteless. It is free from sulphur compounds, acids, alkalies, and all harmful by-products.



Russian Oil, P. D. & Co., is notable for its high specific gravity, its resultant high viscosity, its exceptional lubricating power—features in which it is greatly superior to the cheap petrolatums of low specific gravity.

Russian Oil, P. D. & Co., is not a purgative. It is not a laxative in the generally accepted sense of the term. It is an *intestinal lubricant*—a most efficient one.

We supply two preparations of Russian Oil—one Aromatic, one Unflavored.

Pint,  $\frac{1}{2}$ -pint and gallon bottles.

WRITE FOR DESCRIPTIVE CIRCULAR.

Detroit, Michigan.

**PARKE, DAVIS & CO.**

# AGAR (GRANULAR), P. D. & CO.

## FOR TREATMENT OF CHRONIC CONSTIPATION.

This is a product of Japan, derived from seaweeds and sometimes known as Japanese gelatin. It is supplied commercially in dry, transparent pieces that are reduced to coarse flakes for medicinal use. It freely absorbs water and retains it. It resists the action of the intestinal bacteria and of the digestive enzymes. Its chief use in medicine is in the treatment of chronic constipation.

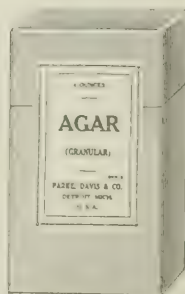
Eaten as or with a food, Agar passes practically unaltered into the intestine, where it moistens the feces, thus aiding peristalsis.

Agar is not digested. It serves rather as a mechanical stimulant to the bowels, aiding in the production of a normal, healthy evacuation—a condition approximating the natural function.

Pound and  $\frac{1}{4}$ -pound packages.

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**PARKE, DAVIS & CO.**

### Publisher's Department (continued)

diarrheas: it may be taken as axiomatic that as long as the normal bacteria of the gastro-intestinal tract retain their physiological integrity there will be no pathogenic invasion, and consequently no intestinal infection. But a change—often a very slight change—of diet or habit, especially in hot weather—brings about a change in the character and behavior of these intestinal flora. Species which before were benign become malignant; normal types lose their power of resisting invasion by pathogenic types; or they disappear and are replaced by pathogenic germs. Thus the entire bacterial field is changed from a benign activity to a malignant infectious virulence.

The keynote of modern treatment and prophylaxis, therefore, is to give prime attention to the intestinal tract itself, assisting it in every possible way to rid itself of pathogenic bacteria, and to restore the dominance of the normal flora. For this purpose nothing is equal to the influence of the true Bulgarian bacillus. It may be called the policeman of the bowel, and will never fail to restore and maintain order if it be on the ground early enough and in sufficient numbers.

For a long while Galactenzyme—Abbott (supplied in tablet form) has proved itself without a peer as a therapeutic preparation of this incomparable remedy; and the manufacturers, The Abbott Laboratories, have now put it on the market in a liquid form, under the name of Galactenzyme Bouillon, which is, in fact, a pure, liquid culture of the Bulgarian bacillus, just as it is developed in the culture-medium, for internal administration.

The usefulness of this organism, of course, is not confined to intestinal disorders. It is indicated in all infections of mucous membranes, and is an excellent local application in urethritis, leukorrheas, diphtheria and all naso-pharyngeal inflammations.

For further information and prices see advertisement of The Abbott Alkaloidal Co. (The Abbott Laboratories), Chicago, page ix.

#### Bovine, Its Use in Anæmia.

It has now come to be thoroughly appreciated that anæmias are due to both the increased destruction of the red

## The Rational Procedure

in feeding infants is to use milk modifications containing the carbohydrate producing the greatest gain in weight and causing the least diarrhoea and other disturbances.

*Such a carbohydrate is*

## Mead's Dextri-Maltose

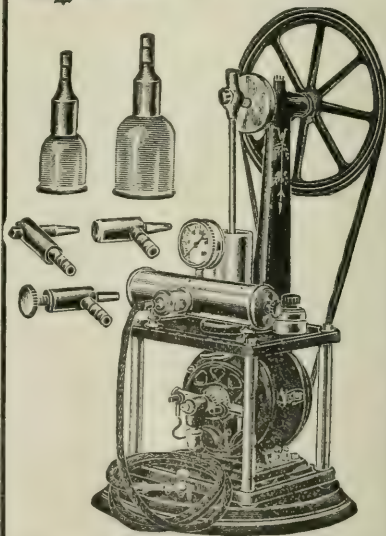
(Malt Sugar)

A non-proprietary, inexpensive carbohydrate, scientifically prepared for physicians, not the public.

**MEAD JOHNSON & CO.**  
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## Utility TANKLESS Pump



Compressed Air—Deep Suction—Pneumatic Massage  
Vibratory Massage—Nasal Drilling—Heated Air  
After you have used it, you will wonder how you ever practised medicine without it. Write for Bulletin No. 13-S.

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**Publisher's Department (continued)**

blood cell and to deficient blood cell formation on the part of such structures as the bone marrow.

The ideal treatment of anæmia, therefore, is not only to replace the lost hemoglobin of the blood by administering iron, but to diminish the destructive processes and stimulate and promote the process of blood formation.

The finest results recently obtained in the treatment of severe anæmias have been in those cases where transfusions of normal blood have been given. Not only are fresh red blood cells with their contained iron added in this way, but substances in the blood serum are added which stimulate the process of blood formation and diminish the destructive processes going on. Moreover, it is found in these cases that the improvement is often permanent with little or no tendency for the blood to revert to its previous condition.

Transfusion of human blood, unfortunately, is a very difficult and inconvenient form of medical procedure; but the beneficial qualities of normal blood serum may still be obtained by means of administering Bovinine, containing unheated beef blood serum, by mouth.

Bovinine not only supplies hemoglobin, in which it is rich, to replenish the impoverished blood; but it supplies the substances contained in normal serum which stimulate the activity of the bone marrow in the formation of new red blood cells; and the substances having antibacterial powers in normal serum are present in Bovinine to counteract bacterial or milk infective processes, which are so often at the root of the destructive phase of the anæmic process.

**War Notice.**

The war on the Continent need in no way embarrass homœopathic physicians who wish imported tinctures made from fresh plants. Boericke & Tafel always carry a large supply of these imported tinctures in storage and over a year's supply is now on hand.

**Collapsible Drinking Cup.**

One of the interesting things among the exhibits at the meeting of the American Institute of Homœopathy at Atlantic City recently was the little collapsible drinking cup given away by Boericke & Tafel at their exhibit of homœopathic medicines and medicine cases and books. It was much appreciated by the returning travelers.

The Standard of Excellence of the

ORIGINAL **HORLICK'S** GENUINE

**MALTED MILK**

is always maintained

The advantages of the Original-Genuine Horlick's Malted Milk are so great and varied as to make it especially convenient where a safe, delicate and reliable diet is the desideratum

*Accept no imitations.*

*Ask for "Horlick's"*

HORLICK'S MALTED MILK COMPANY  
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is a new Fireproof building of the best  
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THE LEEDS COMPANY

Solicits your patronage and invites you  
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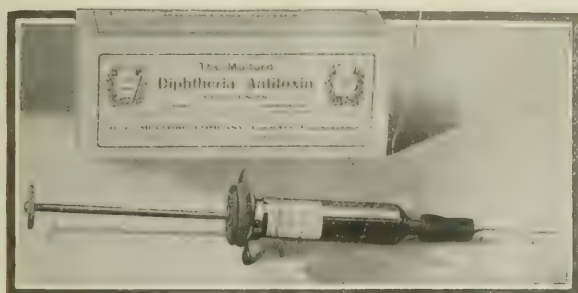
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CHALFONTE IS ALWAYS OPEN

# Diphtheria Antitoxin Mulford

In 1894 the first commercial biological laboratory for the production of diphtheria antitoxin in the United States was established by the **H. K. Mulford Company**. In the twenty years that have elapsed since its introduction the mortality of diphtheria has been reduced from 38.4 per cent to less than 10 per cent, and it is now the general belief that if diphtheria antitoxin is administered in sufficient doses during the first 24 hours practically all patients will recover.

The **H. K. Mulford Company** from the first applied the most accurate methods known for standardizing diphtheria antitoxin. Standardization has since come into general use, and a method has been incorporated into the U. S. Pharmacopeia.



The **H. K. Mulford Company** was the first to affix a return date and to guarantee the potency of the antitoxin up to the date of expiration stated on the label, thus protecting the patient as well as the reputation of the physician and pharmacist,

antedating by five years government requirements.

The **H. K. Mulford Company** was the first to introduce concentrated or high potency serum, in which an extremely large number of antitoxin units are embodied in a very small quantity of serum.

The **H. K. Mulford Company** originated the method of supplying antitoxin in aseptic glass syringes, by this means affording convenience of administration and protecting the serum from any possible contamination in handling.

The **H. K. Mulford Company** was the first American House to supply Antimeningitis, Antidysenteric, Polyvalent Antistreptococcic, Antipneumococcic, and Anti-Anthrax Serums, Bacterins, and Serobacterins.

The above record and the high quality of the Mulford products merit your preference and specification.

Every dose of Mulford Antitoxin furnished in an aseptic glass syringe, ready for instant use.

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|--------------------------------------|-------------------------------|
| 1000 units (immunizing dose)         | 4000 units (therapeutic dose) |
| 2000 units (small therapeutic dose)  | 5000 units (therapeutic dose) |
| 3000 units (medium therapeutic dose) | 7500 units (therapeutic dose) |
| 10,000 units (therapeutic dose)      |                               |

## H. K. MULFORD COMPANY

Manufacturing and Biological Chemists, PHILADELPHIA, U. S. A.

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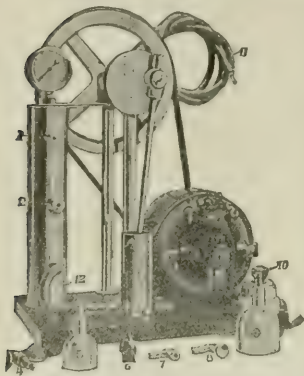
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Minneapolis

Seattle  
Toronto

LONDON, ENGLAND

# The NEW Robertson

Compressed Air and Vacuum Machine



**Compact  
Powerful  
Noiseless**

Improved to the last degree of Simplicity and Efficiency. No tank required. No labor. No waiting. Pressure the instant you turn the switch.

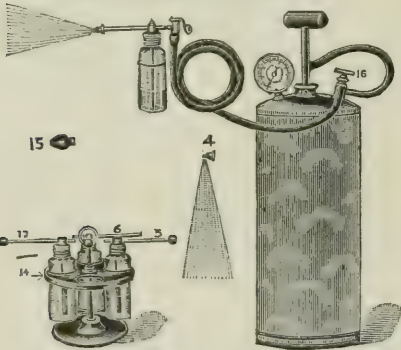
It also gives suction for hyperemia, etc. Also both aural and general massage by alternating suction and pressure.

Occupying a space of 8 by 12 inches it does away with all cumbersome and expensive compressed air apparatus, and gives better service and satisfaction. Always ready. Attaches to any electric lamp socket.

Price complete for Direct Current . \$50.00

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**The Robertson Gold Medal**

**Spraying and Nebulizing Outfit No. 150**

Tank, pump, pressure gauge, needle valve, aseptic black rubber hose, automatic cut-off, two atomizers that spray either oil or water, universal nozzles that spray in any direction, 1 fine nebulizer, 1 powder blower, special nozzle for inflating the Eustachian tubes and middle ear, fine 4-bottle stand. The tank is beautifully finished in oxidized copper, other metal parts nickel plated. Pressure for a treatment obtained in 15 seconds working with one hand. The needle valve (16) holds the pressure indefinitely. Many physicians are discarding outfits that cost \$50 to \$100 and using the Gold Medal instead, because it does the same, or better work, with less than half the labor. We sell the outfit complete, as illustrated, for \$10.50. Money refunded if you are not satisfied.

**THE JAECKH MANUFACTURING CO.**

Manufacturers of Dr. Robertson's Inventions

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CINCINNATI, O.

# The Allison Line

of  
**PHYSICIANS'  
EQUIPMENT**  
is  
**Complete  
and  
Guaranteed**



THE physician's office looks the part when equipped in rich mahogany. Let us tell you all about our

**Aseptic Irrigating Tables  
and Automatic  
Chairs**



Style 8

We are offering at greatly reduced prices our discontinued styles of tables and cabinets.

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## SUMMER DIARRHOEA (Infants)

Little homoeopathic tablets, easy to take, harmless and effective.

## CHOLERATOL

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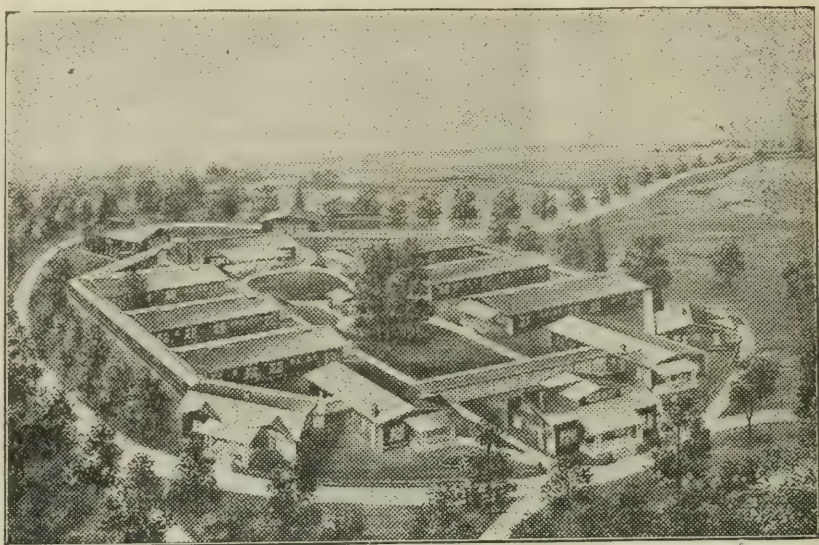
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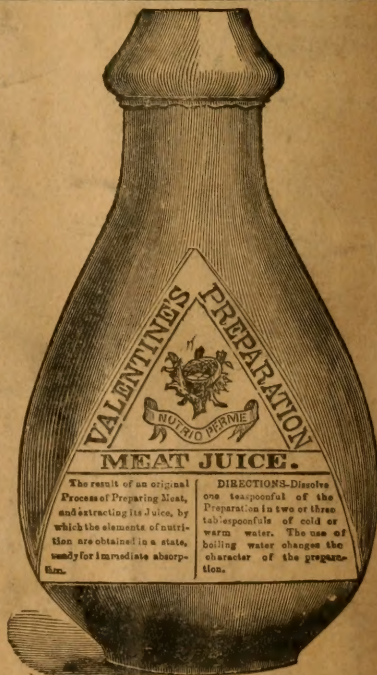
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